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California Emergency Medical Services Information System (CEMSIS)

Data Dictionary

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INTRODUCTION

What is a Data Dictionary?

A data dictionary is a vehicle for specifying data collection standards. Insofar as a data dictionary establishes such standards, it is a useful and necessary tool for enabling the collection of a data set, and essentially describes the meaning of the information to be collected. Nonetheless, a Data Dictionary does not normally specify all the information necessary to conduct a data collection. Nor does a data dictionary normally specify the format in which the information is to be reported, as the reporting format may vary over time. A data dictionary is usually supplemented by additional guidelines that support specific collections. These guidelines may change over time, to focus on the process of collecting the information. However, a data dictionary should stay relatively stable over time.

A data dictionary is comprised of definitions of data elements. Each data element (such as Date of birth, for example) has a set of information or 'attributes' that explains more about that piece of information. Examples of attributes include the Definition (what is it you want to know?), Context (Who wants to know it and why?), Data domain (what is the range of possible answers?) and Guide for use (Which one of the possible answers should I use?).

What is a Data Set?

- A data set is a set of data elements agreed for collection and reporting. A data set may include data elements that are also included in other data sets. A Data Set is contingent upon agreement to collect uniform data and to supply it as part of the collection. A data set agreement includes specified data elements as well as the scope of the application of those data elements. The agreement to collect a specified set of data elements is essentially a policy issue.

INTRODUCTION

Background

This Proposed Statewide EMS Data Element Dictionary was developed by the Ad Hoc Group of the Vision Data Group as part of the multi-year Vision Project to improve California's Emergency Medical Services (EMS).

It is a preliminary draft version that is expected to undergo many iterative reviews and revisions as California's many EMS stakeholders participate in its development and testing. A detailed data dictionary will be developed.

The National Highway Traffic Safety Administration (NHTSA) Uniform EMS Data Element Dictionary provided the starting point for the data elements and code sets contained in this dictionary. The NHTSA data element number is provided for each data element that is the same or similar to one recommended by NHTSA.

HIPAA

The California EMS Information System, which will include the Statewide EMS Database, will comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), especially with regard to the security and privacy of any information that is created or received by a health care provider and is related to the past, present, or future physical or mental health or condition of an individual or the provision of health care to an individual. All data obtained from LEMSAs and others via Electronic Data Interchange (EDI), stored and maintained by the EMSA in the CEMSIS, and released to others in electronic or other form will comply with HIPAA.

Glossary

The following abbreviations and acronyms are used in this dictionary.

AVL – Automatic Vehicle Locator (typically uses GPS for position and universal time)

CAD – Computer Aided Dispatch

CEMSIS – California EMS Information System

ED – Emergency Department of a hospital or other acute care facility

EDI – Electronic Data Interchange

EMS – Emergency Medical Services

EMSA – Emergency Medical Services Authority

GPS – Global Positioning System

NHTSA – National Highway Traffic Safety Administration

LEMSA – Local Emergency Medical Services Agency

PCR – Patient Care Record

PSAP – Public Safety Answering Point (can be primary or secondary)

The Utstein Style – internationally accepted guidelines for reporting cardiac arrest data.

Data Structure

The Statewide EMS Database will be structured to accommodate the primary datasets that are created/collected during the various activities of the basic EMS business process (Respond to Medical Emergency). That is, data that is created/collected for the 9-1-1 EMS call by the primary PSAP will become Incident Data in the Statewide EMS Database.

Data that is created/collected during the dispatch of EMS response units will become Dispatch Data in the Statewide EMS Database.

Likewise, data that is created/collected by the EMS response crew as part of the Patient Care Record will become PCR Data in the Statewide EMS Database.

(Note: While the above datasets are usually created by those indicated, sometimes they are initiated by others, and often they are updated by subsequent participants in the EMS business process.)

Finally, diagnosis and treatment data that is created/collected by the hospital Emergency Department will become ED data in the Statewide EMS Database. (Note: ED data will not be part of the Statewide EMS Database initially.)

Within the PCR Data set (i.e., for each PCR Identifier), there is one set of Patient Demographic Data, one set of Assessment Data, one set of Treatment Data, and one set of Transport Data.

The Statewide EMS Database uses multi-valued data elements to accommodate instances where there are multiple values for a data element within a data set. For example, Crew Member Number is multi-valued within the Dispatch Data because normally multiple crew members per unit respond to an EMS incident. Crew Member Type also is multi-valued; but, in addition, it is associated on a one-to-one basis with each Crew Member Number (i.e., for each member of the EMS response crew, there is a Crew Member Number and a Crew Member Type).

Format

Each proposed statewide EMS data element is presented using the following template.

EMSA # NHTSA #

Data Element Name:	Name
Data Element Group:	Group or 'database sub-set' to which the data element belongs
Definition:	Short definition of the data element
Type & Maximum Size:	For example, numeric (n.m) [where n = the number of digits, and m = the number of decimal places within n], short text (n), alphanumeric (n), etc. Note: maximum size is yet to be determined depending on the values given the code set.
Code Set:	Allowable values for coded data elements Note: Some code sets are self-explanatory (e.g. Glasgow Coma Scale) while others will need a detailed definition (e.g. Primary Impression). Once the data elements and associated code sets go through a thorough constituent group review and comment period, the Data Ad Hoc Group will make the necessary revisions and a detailed data dictionary will be created.

The EMSA# at the left end of the line above each data element table uniquely identifies each proposed California statewide EMS data element. NHTSA's data element number from its Uniform EMS Data Element Dictionary is shown at the right end of the line above each data element table for each data element that is the same as or similar to a NHTSA element.

DRAFT

INDEX OF CEMSIS DATA ELEMENTS

EMSA #	Element Name	Pa
1	LEMSA Identifier	
2	PSAP Identifier	
3	Incident Identifier	
4	Incident Address	
5	Incident City	
6	Incident County	

EMSA #1 no NHTSA #

Data Element Name:	LEMSA Identifier
Data Element Group:	Incident Data
Definition:	The unique alpha-numeric identifier for the Local Emergency Medical Services Agency (LEMSA) with medical control responsibilities and jurisdiction for the EMS incident.
Type & Maximum Size:	Alphanumeric
Code Set:	None

EMSA #2 no NHTSA #

Data Element Name:	PSAP Identifier
Data Element Group:	Incident Data
Definition:	The unique 4-character identifier (used by NENA - the National Emergency Number Association if available) for the primary Public Safety Answering Point that answered the 9-1-1 request for the EMS services
Type & Maximum Size:	Alphanumeric
Code Set:	None

EMSA #3 NHTSA #21

Data Element Name:	Incident Identifier
Data Element Group:	Incident Data
Definition:	The unique numeric identifier for each EMS incident. The Incident Identifier will be used with the PSAP Identifier and the LEMSA Identifier to uniquely identify the EMS incident within California. Ideally, this identifier will be assigned by the primary PSAP as part of the 9-1-1 call record, and passed electronically to each successive participant in the process of responding to the EMS incident
Type Maximum Size:	Alphanumeric
Code Set:	None

EMSA #4 NHTSA #1

Data Element Name:	Incident Address
Data Element Group:	Incident Data
Definition:	Address (or best approximation) where patient is found. If no patient is found, the address to which the EMS unit responded. Should contain the street address, rural delivery number, route numbers and mileposts followed by the apartment number or internal building number of the EMS incident.
Type & Maximum Size:	Text 2 lines with second line used for intersection, freeway mile marker, freeway exits, etc.
Code Set:	None

EMSA #5 NHTSA #2

Data Element Name:	Incident City
Data Element Group:	Incident Data
Definition:	City or community where patient was found. If no patient was found, the city or community (or best approximation) to which the EMS unit responded.
Type & Maximum Size:	Alphanumeric
Code Set:	NNNNN {character code} UNKWN Unknown

EMSA #6 NHTSA #3

Data Element Name:	Incident County
Data Element Group:	Incident Data
Definition:	County where patient was found. If no patient was found, the county to which unit responded (or best approximation).
Type & Maximum Size:	Alphanumeric

Code Set:	1	Alameda	30	Orange
	2	Alpine	31	Placer
	3	Amador	32	Plumas
	4	Butte	33	Riverside
	5	Calaveras	34	Sacramento
	6	Colusa	35	San Benito
	7	Contra Costa	36	San Bernardino
	8	Del Norte	37	San Diego
	9	El Dorado	38	San Francisco
	10	Fresno	39	San Joaquin
	11	Glenn	40	San Luis Obispo
	12	Humboldt	41	San Mateo
	13	Imperial	42	Santa Barbara
	14	Inyo	43	Santa Clara
	15	Kern	44	Santa Cruz
	16	Kings	45	Shasta
	17	Lake	46	Sierra
	18	Lassen	47	Siskiyou
	19	Los Angeles	48	Solano
	20	Madera	49	Sonoma
	21	Marin	50	Stanislaus
	22	Mariposa	51	Sutter
	23	Mendocino	52	Tehama
	24	Merced	53	Trinity
	25	Modoc	54	Tulare
	26	Mono	55	Tuolumne
	27	Monterey	56	Ventura
	28	Napa	57	Yolo
	29	Nevada	58	Yuba
			98	Other

Content: This field uses the standard California County Codes (listed above).

Discussion: The county location of the incident may facilitate probabilistic linkage to vital statistics, crash reports or hospital data for the same county. The field can be used to link with federal census data aggregated by the California Department of Finance to determine effects of population density, socioeconomic information, etc. on the need for EMS and evaluations of EMS outcome. If the incident is not within California, use code 98 (other).

EMSA #7 NHTSA #4

Data Element Name:	Incident State
Data Element Group:	Incident Data
Definition:	State where patient was picked up. If no patient was found, the state to which unit responded.
Type & Maximum Size:	Alphanumeric
Code Set:	AZ Arizona CA California OR Oregon NV Nevada 77 Mexico 99 Unknown

Content: This field will be coded using the above FIPS (Federal Information Processing Standards) alphabetic codes. Normally, this code will be 'CA'. However, for inter-facility transfers from out-of-state facilities, and for those EMS incidents where an EMS response occurs in nearby, but out-of-state locations, one of the other codes would apply. Interfacility transfers by air (helicopter or fixed wing) that arrive from out-of-state and EMS responds to landing area to continue the transport to a facility should code the state where the patient was picked up by CA EMS personnel.

Discussion: The state location of the EMS incident may facilitate probabilistic linkage to other data.

EMSA #8 NHTSA #5

Data Element Name:	Location Type	
Data Element Group:	Incident Data	
Definition:	The type of location where the incident occurred.	
Type & Maximum Size:	Alphanumeric	
Code Set:	Home/Residence Farm Mine or Quarry Industrial Place and Premises Medical Facility Place for Recreation or Sport	Street or Highway Public Building Residential Institution Other Specified Location Unspecified Location

Content: The Place of Occurrence codes are used to 'type' or classify the location where the incident occurred, not necessarily the origin of the transport.

Discussion: While the codes are strictly for categorizing the "place where the accident or poisoning occurred," the Location Type field is used to categorize all EMS incidents. The following definitions are in part from ICD-9-CM.

Home / Residence

Includes: apartment, boarding house, farm house, home premises, residential house, non-institutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private house or garden, and yard of home.

Excludes: unoccupied home under construction and institutional place of residence.

Farm

Includes: farm buildings and land under cultivation.

Excludes: farm house and home premises of farm ~~(E849.0).~~

Mine or quarry

Includes: gravel pit, sand pit, and tunnel under construction.

Industrial place and premises

Includes: building under construction, dockyard, dry dock, factory building and premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.

Medical Facility

Includes: Hospitals, clinics and doctor's offices.

Place for recreation or sport ~~(E Code 849.4)~~

Includes: amusement park, baseball field, basketball court, beach resort, cricket ground, fives court, football field, golf course, gymnasium, hockey field, holiday camp, ice palace, lake resort, mountain resort, playground (including school playground), public park, public swimming pool, racecourse, resort not otherwise specified (NOS), riding school, rifle range, seashore resort, skating rink, sports ground, sports palace, stadium, tennis court, vacation resort.

Excludes: occurrences in private home, garden, swimming pool, or yard ~~(E849.0).~~

Street or highway

Includes: all public roadways.

Public building

Any building (including adjacent grounds) used by the general public or by a particular group of the public.

Includes: airport, bank, broadcasting station, bus or railway station, cafe, casino, church, cinema, clubhouse, commercial shop, courthouse, dance hall, hotel, market, movie theater, music hall, nightclub, office, office building, opera house, parking garage, post office, public hall, restaurant, school (state, public, or private), and store.

Excludes: home garage and industrial building or workplace.

Residential institution

Includes: Children's home, dormitory~~, hospital~~, jail, home for elderly, orphanage, prison, reform school.

Other specified location

Includes: beach NOS, canal, caravan site NOS, derelict house, desert, dock, forest, harbor, hill, lake NOS, mountain NOS, natural pond or pool, parking place or lot NOS, prairie, public place NOS, railway line, reservoir, river, sea, seashore NOS, stream, swamp, trailer court, and woods.

Excludes: resorts

Unspecified location

Includes: any location not included above.

EMSA #9 no NHTSA #

Data Element Name:	Transferring Facility Identifier
Data Element Group:	Incident Data
Definition:	The identifier for the hospital or other facility from which an EMS patient was transferred.
Type & Maximum Size:	Alphanumeric
Code Set:	None

Content: This identifier must be unique within California, and should be the HIPAA National Provider Identifier.

Discussion:

EMSA #10 NHTSA #8

Data Element Name:	Date Incident Reported
Data Element Group:	Incident Data
Definition:	Date the EMS call was first received by a Public Safety Answering Point (PSAP) or an EMS response agency (7-digit calls).
Type & Maximum Size:	Date; YYYYMMDD
Code Set:	None

Content: Day, month and year that the incident was first reported to (i.e., call was received by) the primary PSAP.

Discussion: Ideally this will be recorded automatically by a CAD system at the primary PSAP. It should be obtained electronically from the PSAP, if possible. If not, the date reported on the Patient Care Record is acceptable.

It is a key data element for probabilistic linking with other files.

EMSA #11 NHTSA #9

Data Element Name:	Time Incident Reported
Data Element Group:	Incident Data
Definition:	The time the EMS call was first received by the Public Safety Answering Point (PSAP) or the EMS response agency (for 7-digit calls).
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that the incident was first reported (i.e., call is received by) the primary PSAP. Midnight is '000000' and begins the day.

Discussion: Ideally, the Time Incident Reported will be recorded automatically in Pacific Standard or Daylight Time by a Computer-Aided Dispatch (CAD) system at the primary PSAP using 'coordinated universal time' from a GPS receiver, transmitted electronically to the secondary PSAP, and from there transmitted electronically to the EMS responder(s) for the Patient Care Report (PCR).

If possible, it should be obtained electronically from the PSAP to avoid manual entry effort and the attendant errors.

Time Incident Reported is generally recognized as the starting point of the EMS response, and is used to calculate key quality indicators. It is necessary to calculate the *Utstein Dispatch Center Clock.*

EMSA #12 NHTSA #22

Data Element Name:	Response Identifier (Incident #)
Data Element Group:	Dispatch Data
Definition:	The unique identifier for a response by an EMS response agency to an EMS incident.
Type:	Alphanumeric
Code Set:	None

Content: This identifier must be unique within the LEMSA for each EMS response agency that responds to a given EMS incident. In order to ensure uniqueness, the LEMSA may need to append a unique response agency code (e.g., AMR, BHF, SF, etc.) to the beginning of the EMS Provider's Run Number, Response Number, etc.

Discussion: The Response Identifier(s) will be used with the Incident Identifier, Patient Number, and the PCR Identifier(s) to identify the full record of care provided to a patient(s) for a particular EMS incident.

Ideally, the Response Identifier will be assigned automatically by Computer Aided Dispatch (CAD) as part of the dispatch record and passed electronically to each successive participant in the process of responding to the medical emergency (including possibly the Response Unit, the Base Hospital, the receiving Emergency Department/facility, and the admitting hospital).

The Response Identifier will be valuable for linking multiple EMS data records (patients) to a particular incident.

EMSA #13 NHTSA #24

Data Element Name:	Response Unit Number
Data Element Group:	Dispatch Data
Definition:	The number or code that uniquely identifies the response unit within an EMS response agency.
Type & Maximum Size:	Alphanumeric
Code Set:	None

Content: This identifier must uniquely identify a response unit within an EMS response agency.

Discussion: The Response Unit Number can be used with the Response Agency identifier to uniquely identify a response unit within the State.

EMSA #14 NHTSA #24

Data Element Name:	Response Agency
Data Element Group:	Dispatch Data
Definition:	The number or code that uniquely identifies the EMS response agency that provided the unit that responded to the EMS incident.
Type & Maximum Size:	Alphanumeric
Code Set:	None

Content: This identifier must be unique within California, and should be the HIPAA NPI (National Provider Identifier), FDID or other standard number indicator.

Discussion: This code must uniquely identify the EMS response agency (i.e., EMS provider organization) that provided one or more units in response to an EMS incident.

EMSA #15 NHTSA #10

Data Element Name:	Time Dispatch Notified
Data Element Group:	Dispatch Data
Definition:	The time the EMS Dispatcher was notified of the EMS call.
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that the incident was first reported to the EMS Response Agency dispatcher. Midnight is '000000' and begins the day.

Discussion: Ideally, this will be recorded automatically in Pacific Standard or Daylight Time by a CAD or AVL system using 'universal time' from a GPS receiver. It should be obtained electronically, if possible, from the primary or secondary PSAP to avoid the effort and errors that can result from manual entry on the Patient Care Report.

The Time Dispatch Notified provides the start point of the dispatch component of the EMS response, and is necessary for assessment of delays between the time of incident report and that of EMS dispatcher notification.

EMSA # 16 NHTSA #

Data Element Name:	Date Dispatch Notified
Data Element Group:	Dispatch Data
Definition:	The date the EMS Dispatcher was notified of the EMS call.
Type & Maximum Size:	Date; YYYYMMDD
Code Set:	None

Content: The day, month and year that the incident was first reported to the EMS Response Agency dispatcher.

Discussion: Ideally, this will be recorded automatically by a CAD system. It should be obtained electronically, if possible, from the primary or secondary PSAP to avoid the effort and errors that can result from manual entry on the Patient Care Report.

The Date Dispatch Notified provides the start point of the dispatch component of the EMS response, and is necessary for assessment of delays between the date/time of incident report and that of EMS dispatcher notification.

EMSA #17 NHTSA #12

Data Element Name:	Time Unit Notified
Data Element Group:	Dispatch Data
Definition:	Time the EMS response unit was notified of the EMS call.
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that the incident was first reported to the EMS response unit. Midnight is '000000' and begins the day.

Discussion: Ideally, this will be recorded automatically in Pacific Standard or Daylight Time by a CAD or AVL system using 'universal time' from a GPS receiver. It should be obtained electronically, if possible, from the secondary PSAP to avoid the effort and errors that can result from manual entry on the Patient Care Report.

The Time Unit Notified is necessary for measurement of the actual responder response. It can be useful in the planning of communication resources for individual responders, and is necessary for identification of system delays that occur after the response unit is dispatched.

EMSA # 18 NHTSA #

Data Element Name:	Date Unit Notified
Data Element Group:	Dispatch Data
Definition:	Date the EMS response unit was notified of the EMS call.
Type & Maximum Size:	Date; YYYYMMDD
Code Set:	None

Content: The day, month and year that the incident was first reported to the EMS response unit.

Discussion: Ideally, this will be recorded automatically in a CAD system. It should be obtained electronically, if possible, from the secondary PSAP to avoid the effort and errors that can result from manual entry on the Patient Care Report.

The Date Unit Notified is necessary for measurement of the actual responder response. It can be useful in the planning of communication resources for individual responders, and is necessary for identification of system delays that occur after the response unit is dispatched.

EMSA #19 NHTSA #13

Data Element Name:	Time Response Unit was Mobile
Data Element Group:	Dispatch Data
Definition:	This time is the moment the EMS response vehicle began to move (i.e., 'wheels rolling').
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that the EMS response unit began to move to the incident scene. Midnight is '000000' and begins the day.

Discussion: Ideally, this will be recorded automatically in Pacific Standard or Daylight Time by a CAD or AVL system using 'universal time' from a GPS receiver. It should be obtained electronically, if possible, from the secondary PSAP to avoid the effort and errors that can result from manual entry on the Patient Care Report.

EMSA # 20 NHTSA #

Data Element Name:	Date Response Unit was Mobile
Data Element Group:	Dispatch Data
Definition:	This date is the moment the EMS response vehicle began to move (i.e., 'wheels rolling').
Type & Maximum Size:	Date; YYYYMMDD
Code Set:	None

Content: The day, month and year that the EMS response unit began to move to the incident scene.

Discussion: Ideally, this will be recorded by a CAD system. It should be obtained electronically, if possible, from the secondary PSAP to avoid the effort and errors that can result from manual entry on the Patient Care Report.

EMSA #21 NHTSA #19

Data Element Name:	Lights/Sirens to Scene
Data Element Group:	Dispatch Data
Definition:	Identifies the use of lights and/or sirens in route to scene.
Type & Maximum Size:	Alphanumeric
Code Set:	No lights and sirens (code 2) Lights and sirens (code 3) Upgrade (from Code 2 to Code 3) Downgrade (from Code 3 to Code 2)

Content: The code that identifies the use of lights and/or sirens in route to the incident scene.

Discussion: This field provides the data to determine the frequency with which EMS vehicles are using lights and/or sirens during response to the EMS incident scene.

EMSA #22 NHTSA #14

Data Element Name:	Time Vehicle Stopped at Scene
Data Element Group:	Dispatch Data
Definition:	This time is the moment the EMS response vehicle stopped moving at the scene, at a location as close as possible to the patient.
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that the EMS response unit stopped moving (i.e., 'wheels stopped rolling' at the last place at the scene before patient assessment began). Midnight is '000000' and begins the day.

Discussion: Ideally, this will be recorded automatically in Pacific Standard or Daylight Time by a CAD or AVL system using 'coordinated universal time' from a GPS receiver. It should be obtained electronically, if possible, from the secondary PSAP to avoid the effort and errors that can result from manual entry on the Patient Care Report.

This data element refers to the physical motion of the responding EMS vehicle. If an individual EMT arrives at the scene by private vehicle, which is NOT the time to be entered in this field. Otherwise, system delays in having an equipped vehicle at the scene will not be identified.

EMSA #23 NHTSA #

Data Element Name:	GPS Scene Position
Data Element Group:	Dispatch Data
Definition:	The latitude, longitude, and altitude of the EMS incident scene as reported using the Global Positioning System.
Type & Maximum Size:	Numeric
Code Set:	None

Content: Latitude is recorded as positive north decimal degrees (e.g., +37.3943825 degrees). Longitude is recorded as positive east decimal degrees (e.g., -122.0384625 degrees). Altitude is measured in meters above mean sea level in WGS-84 (e.g., 385.69 meters).

Discussion: This GPS position identifies the latitude, longitude, and altitude at the EMS incident scene at which the EMS response unit stops and the EMS response personnel disembark. If the patient is not in the immediate vicinity of this GPS position, the GPS Patient Position data element should be used to record the actual patient position coordinates.

If latitude and/or longitude are needed in degrees, minutes, and seconds, they can be calculated from decimal degrees as follows:

- The integer portion is the degrees;
- Multiply the decimal fraction of degrees by 60 to get the decimal minutes;
- The integer portion is the minutes;
- Multiply the decimal fraction of minutes by 60 to get the seconds.

EMSA #24 NHTSA #20

Data Element Name:	Service Type
Data Element Group:	Dispatch Data
Definition:	Type of Emergency Medical Service provided.
Type & Maximum Size:	Alphanumeric
Code Set:	Scene response Inter-Facility Transfer (IFT)

Content: A single character code for the type of EMS provided.

Discussion: This code identifies the type of service provided, as follows:

Scene Response

Refers to direct response to incident scene, such as roadway, etc including "still alarm". The location is the location indicated in EMSA data elements #2 – #7 in this document. This code would also be used for a 9-1-1 call to any licensed or non-licensed facility for a STAT transfer. This code is also used for the unit that receives the transfer of a patient from another EMS responder prior to arrival at a medical facility or final destination.

Inter-Facility Transfer (IFT)

Refers to transfers of patients utilizing an EMS vehicle and EMS personnel from one licensed facility to another licensed facility, whether scheduled or not. This code is also used for the unit that receives the transfer of a patient from another EMS responder prior to arrival at a medical facility or final destination.

EMSA #25 NHTSA #26

Data Element Name:	Treating Crew Member Identifier
Data Element Group:	Dispatch Data
Definition:	At Provider and LEMSA discretion, this number identifies the different members of a crew (e.g., #1, #2, #3, etc.), or it may be the Paramedic license number or EMT certification number that uniquely identifies the crew member within California.
Structure:	Normally, multiple values per Response Identifier, one for each member of the response crew.
Type & Maximum Size:	Alphanumeric
Code Set:	None

Content: This data element is needed to provide a link between the crew member, the crew member type, and procedures and medication administered. This element is connected to data element #26 and #27.

Discussion: The paramedic license number and EMT certification numbers that uniquely identify the EMS personnel who provided patient care in an EMS response will be used only at the Provider and LEMSA level unless the individual Provider approves inclusion at the state level. Before data is sent to EMSA for the statewide CEMSIS database, LEMSAs will convert paramedic license number and EMT certification numbers to numbers that uniquely identify each member of an EMS crew (e.g., #1, #2, #3, etc.) without losing the correct Crew Member Type for each.

EMSA #26 NHTSA #29

Data Element Name:	Treating Crew Member Type	
Data Element Group:	Dispatch Data	
Definition:	The professional status/level of a crew member.	
Structure:	One value per Crew Member Identifier	
Type & Maximum Size:	Alphanumeric	
Code Set:	Public Safety	Nurse
	EMT Basic	Physician
	EMT Intermediate	Other health care professional
	EMT - Paramedic	Not applicable
	Paramedic Intern	Unknown

Content: This data element will be used at the state level in computing general statistics (e.g., the percentage of responses involving each level). This element is connected with data element #25 and #27.

Discussion: This data element is used to determine the level of care that was available on the EMS responder team. This data element and the Vehicle Type will identify the type of EMS capability that was available.

EMSA #27 NHTSA #25

Data Element Name:	Vehicle Type
Data Element Group:	Dispatch Data
Definition:	Type of EMS vehicle that responded to the EMS incident.
Type & Maximum Size:	Alphanumeric
Code Set:	Response Classification: Non-Transport Transporter
	Medical Classification: Advanced Life Support (ALS) Basic Life Support (BLS) Public Safety (PS)
	Vehicle Classification: Ground Air-Rotor Air-Fixed Wing Water

Content: Vehicle Type contains character sub-fields that describe the vehicle: response classification, medical classification, and vehicle classification to which the crew member providing treatment is attached. These sub-fields must be coded using the above codes to identify the type of EMS vehicle used by the EMS crew to travel to the incident scene. All three sub-fields must be used to fully describe the vehicle type. This element will be connected with data element #25 and #26.

Discussion: This character code identifies the type of vehicle that the crew member providing patient care was assigned to.

EMSA #28 NHTSA #32

Data Element Name:	Patient Probable Name
Data Element Group:	Patient Demographic Data
Definition:	The patient's legal name (as indicated on driver's license, birth certificate, etc.)
Type & Maximum Size:	Text
Code Set:	Free text entry or "unknown".

Content: "Unknown" is used when the patient name is not known.

Discussion: This data element will be encrypted, stored separately and removed from the CEMSIS database after probabilistic matching. No patient identifying information will be available from the CEMSIS, only aggregate data.

EMSA #29 NHTSA #33

Data Element Name:	Patient Street Address
Data Element Group:	Patient Demographic Data
Definition:	The street address of the patient's residence
Type & Maximum Size:	Text
Code Set:	Free text entry, ~~"not applicable",~~ "unknown", "none" or "homeless"

Content: "None" is used when there is no street address *per se* for the patient's residence (e.g., a rural residence that does not have mail delivery). "Unknown" is used when the patient's residence address has not been determined by the EMS responders. "Homeless" will be used when the individual does not have a domicile. The field includes apartment or suite numbers, etc.

Discussion: Although this data element will be encrypted, stored separately and purged from the CEMSIS database after probabilistic matching. No patient identifying information will be available from the CEMSIS, only aggregate data.

EMSA #30 NHTSA #34

Data Element Name:	City of Residence
Data Element Group:	Patient Demographic Data
Definition:	The city or community in which the patient's residence is located.
Type & Maximum Size:	Text
Code Set:	None

Content: This field contains the text name of the city or community in which the patient resides.

Discussion: Local city codes (if used) should be translated to the text name of the city to facilitate probabilistic linkage with other databases that contain the patient's residence city (e.g., hospital and/or vital statistics data).

EMSA #31 NHTSA #36

Data Element Name:	State of Residence
Data Element Group:	Patient Demographic Data
Definition:	State where patient resides.
Type & Maximum Size:	Alphanumeric
Code Set:	Standard postal/FIPS alphabetic codes for the 50 states and main outlying areas and territories of the United States. Canadian province Mexican state Other foreign country Unknown

Content: This field will be coded using the standard postal/FIPS (Federal Information Processing Standards) alphabetic codes for U.S. residents and the above numeric codes for foreign residents.

Discussion: The state location of the patient's residence may facilitate probabilistic linkage to hospital and/or vital statistics data. No patient identifying information will be available from the CEMSIS, only aggregate data

EMSA #32 NHTSA #37

Data Element Name:	Zip Code of Residence
Data Element Group:	Patient Demographic Data
Definition:	Postal zip code of the patient's residence.
Type & Maximum Size:	Alphanumeric; NNNNN
Code Set:	5-digit zip code Not applicable Unknown

Content: This field will be coded using the 5-digit postal zip code.

Discussion: Provides the postal zip code of the patient's residence.

EMSA #33 NHTSA #39

Data Element Name:	Partial Social Security Number
Data Element Group:	Patient Demographic Data
Definition:	The patient's Social Security Number (SSN).
Type & Maximum Size:	Alphanumeric; N-NNNN
Code Set:	None; but, validation criteria exist

Content: Document the last 5 digits of the patient's Social Security Number (SSN) when it is available.

Discussion: When provided, the SSN will be encrypted, stored separately and purged from the CEMSIS Database after probabilistic matching. No patient identifying information will be available from the CEMSIS, only aggregate data

EMSA #34 NHTSA #40

Data Element Name:	Date of Birth
Data Element Group:	Patient Demographic Data
Definition:	The day, month, and year that the patient was born.
Type & Maximum Size:	Date; YYYYMMDD
Code Set:	None

Content: Day, month and year of the patient's birth.

Discussion: The date of birth (DOB) should be from the most reliable source available to the EMS responder (e.g., driver's license, parent of a child, etc).

The DOB will be encrypted, stored separately and purged from the CEMSIS database after matching is done. No patient identifying information will be available from the CEMSIS, only aggregate data.

EMSA #35 NHTSA #41

Data Element Name:	Age
Data Element Group:	Patient Demographic Data
Definition:	Age of patient in years, months, or days.
Type & Maximum Size:	Numeric
Code Set:	None

Content: Patient's age in years, months, or days.

Discussion: Patient's age is reported in years, months or days, as follows:

- If the patient is a less than one month old infant, the age is reported in days;
- If the patient is a child that is at least one month old but less than two years old, the age is reported in months;
- For all patients two years and older, the age is reported in years.

The patient's age is valuable in the absence of the DOB.

EMSA #36 no NHTSA #

Data Element Name:	Age Units
Data Element Group:	Patient Demographic Data
Definition:	Specifies the units used in the patient Age field (i.e., years, months, or days).
Type & Maximum Size:	Alphanumeric
Code Set:	Years Months Days

Content: The character will reflect Year, Month, or Day.

Discussion: Patient's age is reported in years, months or days, as follows:

- If the patient is a less than one month old infant, the age is reported in days;
- If the patient is a child that is at least one month old but less than two years old, the age is reported in months;
- For all patients two years and older, the age is reported in years.

EMSA #37 NHTSA #42

Data Element Name:	Gender
Data Element Group:	Patient Demographic Data
Definition:	Gender of patient.
Type & Maximum Size:	Alphanumeric
Code Set:	Female Male Unknown

Content: The character code will reflect female, male, or unknown.

Discussion: This data element is valuable for linkage to other files, and permits reporting of epidemiologic information by gender.

EMSA #38 no NHTSA #

Data Element Name:	Weight
Data Element Group:	Patient Demographic Data
Definition:	The approximate weight of the patient in kilograms.
Type & Maximum Size:	Numeric
Code Set:	None

Content: This weight should be a suitable estimate or for pediatric patients the approximate mid-point of the length based resuscitation tape weight range, or other suitable estimate.

Discussion: The approximate weight (in kilograms) of the patient is essential for pediatrics. Estimates may be based upon the length based resuscitation tape category that converts length into a weight range, and has the appropriate size and dose range for that weight range. Many emergency departments have pre-selected sets of equipment by the color code. For example, the purple set will have an appropriate sized ET tube or other equipment for a 10-11 kg child. This obviates the need for a lot of calculations during tense clinical moments.

EMSA #39 NHTSA #23

Data Element Name:	PCR Identifier (PCR#)
Data Element Group:	PCR Data
Definition:	The unique identifier for each Patient Care Record.
Type & Maximum Size:	Alphanumeric
Code Set:	None

Content: This identifier must be unique within the LEMSA for each EMS patient for a given EMS provider for a given EMS incident.

Discussion: The PCR Identifier will be used with the Incident Identifier and the Response Identifier to uniquely identify the record of care provided to a patient by the crew members from a particular EMS provider agency for a particular EMS incident.

Ideally, this identifier will be assigned automatically by the Computer Aided Dispatch (CAD) as part of the dispatch record, or by an automated PCR system, and passed electronically to each successive participant in the process of responding to the medical emergency (including the Response Unit, possibly the Base Hospital, the receiving Emergency Department/facility, and the admitting hospital).

EMSA #40 NHTSA #15

Data Element Name:	Time Arrived at Patient's Side
Data Element Group:	PCR Data
Definition:	Time the EMS responder arrived at the patient's side and began assessment.
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that the first EMS responder arrived at the patient's side and began assessing the patient's condition. Midnight is '000000' and begins the day. Use the default of "00" for seconds when necessary.

Discussion: Ideally, this is the time of arrival at the patient in Pacific Standard or Daylight Time as recorded using 'coordinated universal time' from a GPS receiver in a Personal Digital Assistant or other electronic device. It should be obtained electronically, if possible, to minimize manual entry effort and errors.

This time is of particular importance in situations where there is a significant delay between the arrival time of the response unit at the incident scene and the time at which EMS personnel can access the patient to begin assessment. It covers delays in reaching the patient because of fire, adverse conditions, or the need to travel to a distant place in a building.

In all cases this field should be used to record the actual time that patient assessment began.

EMSA #41 NHTSA #50

Data Element Name:	Primary Impression
Data Element Group:	PCR-Assessment Data
Definition:	The EMS provider's clinical impression that was most important in determining the care given to the patient (i.e., the procedures used and medications administered).
Type & Maximum Size:	Alphanumeric
Code Set: (by major category)	MEDICAL Cardiac/Chest Pain Cardiac Arrest – non-traumatic Chest pain – suspected cardiac origin Chest Pain – non-specific Rhythm Disturbance Cardiac – non-specific Respiratory Respiratory Arrest Shortness of Breath – suspected asthma/COPD Shortness of Breath - suspected pulmonary edema Apneic Episode Choking (Airway obstruction) Respiratory – non-specific Neurologic Altered Level of Consciousness (unspecified) Near Syncope/Syncope Neurologic Deficit (includes CVA/TIA) Seizure – Active/Status Epilepticus Post Seizure Non-Traumatic Shock Anaphylactic Cardiogenic Hypovolemic Unspecified Shock Poisoning/Drugs Suspected Poisoning/Drugs – non-specific Alcohol

	Carbon Monoxide Insecticides Street Drugs-stimulant Street Drugs - depressant Other Drugs/Poisons Household/industrial ingestion Pharmaceutical ingestion Environmental Heat Illness/Injury Cold Illness/Injury Envenomation Hazmat Exposure OB/GYN Vaginal Bleed (non-pregnant) Vaginal Bleed (pregnant) Vaginal Bleed (unspecified) Labor Delivery Newborn General Medical Allergic Reaction (unspecified allergen) Disturbance in Behavior Phenothiazine Reaction Hypoglycemia Hyperglycemia Abdominal Pain (including pelvic pain) Vomiting/diarrhea Gastrointestinal Bleeding Weak/Dizzy/Sick/Nausea Headache Epistaxis (nosebleed) Fever Non-traumatic body pain No Medical Complaint Obviously Dead Other
	TRAUMA Blunt Injury Penetrating Injury Burn Traumatic Arrest

DRAFT

CODE SET DEFINITIONS

CODE SET: #41 PRIMARY IMPRESSIONS - CODE SET CATEGORY: MEDICAL

CODE SUB SET : CARDIAC (41-C)	
CARDIAC – conditions suspected of being manifested by cardiac pathology	
Cardiac Arrest	Cessation of palpable pulse
Chest Pain – cardiac origin	Non traumatic pain originating in the patient's chest area with signs and/or symptoms consistent or suspected to be caused by cardiac pathology
Chest Pain – non specific	Non traumatic pain originating in the patient's chest area (non-cardiac)
Rhythm Disturbance	Signs and/or symptoms suspected of being caused by abnormal or unexpected changes in the patients electrocardiography (EKG).
Cardiac non-specific	Signs and/or symptoms consistent or suspected to be caused by unknown cardiac pathology

CODE SET: #41 PRIMARY IIMPRESSION - CODE SET CATEGORY: MEDICAL

CODE SUBSET: RESPIRATORY (41-R)	
RESPIRATORY– conditions suspected of being manifested by respiratory pathology	
Respiratory Arrest	Cessation of spontaneous inspiration due to obstruction or failure of the pulmonary system.
Shortness of Breath - COPD	The patients' complaint which expresses the feeling of not being able to adequately maintain inspiration and/or expiration due to a history or signs of chronic bronchitis or emphysema.
Shortness of Breath – Pulmonary Edema	The patients' complaint which expresses the feeling of not being able to adequately maintain inspiration and/or expiration due to a history or signs of fluid overload in the pulmonary system.
Apneic Episode	Periods of time where the patient is not breathing
Choking (Airway obstruction)	Partial or full obstruction of the airway passages
Respiratory – non-specific	Signs and/or symptoms consistent or suspected to be caused by unknown respiratory pathology

CODE SET: #41 PRIMARY IIMPRESSION - CODE SET CATEGORY: MEDICAL

CODE SUBSET: NEUROLOGIC (41-N)	
NEUROLOGIC– conditions suspected of being manifested by neurologic pathology	
Altered LOC (unknown etiology)	A lapse of consciousness or change in alertness of a patient consistent with the variables associated with the glascow coma scale with an unknown cause. A score below 15 on the Glasgow coma scale.
Syncope/Near Syncope	lapse of consciousness which abruptly begins and ends in a short period of time

Neurological Deficits (CVA/TIA)	Alterations in the mental, sensory, motor or autonomic functions of the patient.
Seizure (active/status epilepticus)	Episodes of loss of consciousness associated with a period of generalized motor convulsions. May be caused by history of epilepsy or other neurological disorder.
Post-seizure/ Post-ictal	Period immediately following a active motor seizure characterized by ALOC (confusion)

CODE SET: #41 PRIMARY IIMPRESSION - CODE SET CATEGORY: MEDICAL

CODE SUBSET: SHOCK NON-TRAUMATIC (41-SNT)	
SHOCK NON TRAUMATIC– conditions of inadequate tissue perfusion not caused by outside injuries	
Cardiogenic	conditions of inadequate tissue perfusion suspected of being caused by cardiac pathology (pump failure)
Anaphylactic	conditions of inadequate tissue perfusion suspected of being caused by severe allergic reactions
Hypovolemic	conditions of inadequate tissue perfusion suspected of being caused by loss of fluid
Respiratory-	conditions of inadequate tissue perfusion suspected of being caused by respiratory failure
Neurogenic	conditions of inadequate tissue perfusion suspected of being caused by neurological disorders (loss of vascular control)
Other Shock	conditions of inadequate tissue perfusion suspected of being caused by unknown causes

CODE SET: #41 PRIMARY IMPRESSION - CODE SET CATEGORY: MEDICAL

CODE SUBSET: POISONINGS/DRUG OVERDOSE (41-POD)	
POISONINGS / DRUG OVERDOSE: entry or over-absorption of an untoward substance into the human body	
Suspected Poisoning – non specific	entry or over-absorption of an unspecified substance into the patient causing an untoward effect
Alcohol	entry or over-absorption of an alcohol substance into the patient causing an untoward effect
Carbon Monoxide	entry or over-absorption of an Carbon Monoxide substance into the patient causing an untoward effect
Insecticides	entry or over-absorption of an Insecticide substance into the patient causing an untoward effect
Street Drugs - Stimulants	entry or over-absorption of an stimulant type drug (obtained without a prescription) into the patient causing an untoward effect
Street Drugs - Depressants	entry or over-absorption of a depressant type drug (obtained without a prescription) into the patient causing an untoward effect

Household Industrial Poisons	entry or over-absorption of an Household Industrial Poisons into the patient causing an untoward effect
Pharmaceutical Ingestions	entry or over-absorption of an unknown pharmaceutical substance into the patient causing an untoward effect
Other Drugs/Poisons	entry or over-absorption of an unknown substance into the patient causing an untoward effect

CODE SET: #41 PRIMARY IMPRESSION : CODE SET CATEGORY: MEDICAL

CODE SUBSET: ENVIROMENTAL (41-E)	
ENVIROMENTAL: conditions brought about by exposure to environmental conditions or organisms	
Heat Illness/Injury	conditions caused by over exposure to heat
Cold illness/injury	conditions caused by over exposure to cold
Envenomation	conditions caused by exposure to venomous wildlife
Haz Mat Exposure	conditions caused by exposure to hazardous substances

CODE SET: #41 PRIMARY IMPRESSION : CODE SET CATEGORY: MEDICAL

CODE SUBSET: OBSTETRICAL & GYNOCOLOGICAL (41-OBG)	
OBSTETRICAL & GYNOCOLOGICAL: Conditions involving female reproductive organs	
Vagina Bleed (non pregnant)	Conditions where the patient is not pregnant and bleeding abnormally from the vagina
Vagina Bleed (pregnant)	Conditions where the patient is pregnant and bleeding abnormally from the vagina
Labor	Conditions where the patient is pregnant and in active labor
Delivery	Conditions where the patient is pregnant and presenting with a normal or abnormal delivery of newborn or stillborn fetus
Newborn	Conditions where the patient delivers a newly born child less than 24 hrs old.
Other	Other conditions involving female reproductive organs or products of conception

CODE SET: #41 PRIMARY IMPRESSION : CODE SET CATEGORY: MEDICAL

CODE SUBSET: GENERAL MEDICAL (41-GM)	
GENERAL MEDICAL:	
Allergic Reaction	Conditions caused by exposure and hypersensitivity to allergens
Behavioral Disturbance	Condition caused by abnormal psychological conditions
Phenothiazine Reaction	Condition caused by ingestions of Phenothiazine type drugs
Hypoglycemia	Condition of lower than normal blood sugar levels
Hyperglycemia	Condition of higher than normal blood sugar levels
Abdominal Pain	Condition patient complains of non traumatic abdominal pain
Vomiting/Diarrhea	Conditions caused by episodes of vomiting and diarrhea

CODE SET: #41 PRIMARY IMPRESSION : CODE SET CATEGORY: MEDICAL

CODE SUBSET: GENERAL MEDICAL (41-GM) - CONTINUED	
GENERAL MEDICAL:	
GI Bleeding	Conditions caused by bleeding in the upper or lower gastrointestinal tract
Weak/Dizziness/Sick/Nausea	Conditions caused by complaint of weakness, dizziness, nausea and generalized illness.
Headache	Conditions caused by non traumatic head pain
Epitaxis	Conditions caused by bleeding from the nasopharyngeal area
Fever	Conditions caused by patient core body temperature above 98.6 degree
Body Pain Non-traumatic	Patient complaints of non traumatic pain anywhere on the body
Obvious Dead	Pulseless and non breathing patients who have signs of death such as lividity, rigor mortis, dismemberment, incineration, decapitation.
No Medical Complaint	Patients not complaining of a specific medical problem
Other Medical Problem	Other medical conditions

CODE SET: #41 PRIMARY IMPRESSION : CODE SET CATEGORY: TRAUMA

CODE SUBSET: TRAUMA (41-T)	
TRAUMA: conditions brought about by outside injury or kinematic force	
Single System Injury	conditions brought about by injury to one physiological system
Multi-System Injury	conditions brought about by injury to more than one physiological system
Traumatic Arrest	conditions brought about by injury which cause the patient to be pulseless and non-breathing

NOTES

Content:: This should be the code from the above list that was most important in determining the treatment protocol followed to provide EMS care to the patient.

Discussion: This data element contains the single clinical assessment which primarily determined the treatment provided by the EMS provider. It should be possible to determine whether the treatments or medications provided match protocols that relate to the clinical impression. When more than one choice is applicable to a patient, the responder should indicate the single most important clinical assessment that drove most of the plan of therapy and management. Additional clinical assessment codes should be entered under "Secondary Impression".

If a trauma code is selected it will always have a "Secondary Impression" to detail the injury.

Each EMS Provider Agency and/or EMS Agency may organize the clinical assessment codes within its own categories or as individual codes without categories.

Note: The following Poisoning/Drugs are recommended for additional code sets:

Antidepressants

Beta Blocker

Cocaine

Caustics/Corrosives

Methamphetamine

Opiates – Heroin

Opiates – non-Heroin

Petroleum Distillates

EMSA #42 NHTSA #50

Data Element Name:	Secondary Impression
Data Element Group:	PCR-Assessment Data
Definition:	The EMS provider's secondary clinical impression(s) that completes the description (in combination with the Primary Provider Impression) of the patient.
Type & Maximum Size:	Alphanumeric
Code Set: (by major category)	MEDICAL Cardiac/Chest Pain Cardiac Arrest – non-traumatic Chest pain – suspected cardiac origin Chest Pain – non-specific Rhythm Disturbance Cardiac – non-specific Respiratory Respiratory Arrest Shortness of Breath - suspected asthma/COPD Shortness of Breath - suspected pulmonary edema Apneic Episode Choking (Airway obstruction) Respiratory – non-specific Neurologic Altered Level of Consciousness (unknown cause) Near Syncope/Syncope Neurologic Deficit (includes CVA/TIA) Seizure – Active/Status Epilepticus Post Seizure Non-Traumatic Shock Anaphylactic Cardiogenic Hypovolemic Other Shock Poisoning/Drugs Suspected Poisoning/Drugs – non-specific Alcohol Carbon Monoxide Insecticides Street Drugs-stimulant Street Drugs - depressant

	Other Drugs/Poisons Household/industrial ingestion Pharmaceutical ingestion Environmental Heat Illness/Injury Cold Illness/Injury Envenomation Hazmat Exposure OB/GYN Vaginal Bleed (non-pregnant) Vaginal Bleed (pregnant) Labor Delivery Newborn General Medical Allergic Reaction (unspecified allergen) Disturbance in Behavior Phenothiazine Reaction Hypoglycemia Hyperglycemia Abdominal Pain (including pelvic pain) Vomiting/diarrhea Gastrointestinal Bleeding Weak/Dizzy/Sick/Nausea Headache Epistaxis (nosebleed) Fever Non-traumatic body pain No Medical Complaint Obviously Dead Other
	TRAUMA Head *(excluding face, neck and spine)* Face Neck *(excluding spine)* Cervical Spine Chest*(excluding spine)* Thoracic/Lumbar/Sacral Spine Upper Extremities Abdomen Genital/Buttocks/Pelvis Lower Extremities --- penetrating with neurological deficit without neurological deficit

	Tension Pneumothorax Flail Chest Diffuse Abdominal Tenderness Abnormal Breath Sounds Amputation Laceration Deformity Soft Tissue Injury Pain Burn superficial partial/full thickness

EMSA #42 NHTSA #50

Data Element Name:	Secondary Impression

CODE SET DEFINITIONS BY MAJOR CATEGORY: CODE SET CATEGORY: MEDICAL

CODE SUB SET : CARDIAC (42-C)	
CARDIAC – conditions suspected of being manifested by cardiac pathology	
Cardiac Arrest	Cessation of palpable pulse
Chest Pain – cardiac origin	Non traumatic pain originating in the patient's chest area with signs and/or symptoms consistent or suspected to be caused by cardiac pathology
Chest Pain – non specific	Non traumatic pain originating in the patient's chest area (non-cardiac)
Rhythm Disturbance	Signs and/or symptoms suspected of being caused by abnormal or unexpected changes in the patients electrocardiography (EKG).
Cardiac non-specific	Signs and/or symptoms consistent or suspected to be caused by unknown cardiac pathology

CODE SET: #42 SECONDARY IMPRESSION: CODE SET CATEGORY: MEDICAL

CODE SUBSET: RESPIRATORY (42-R)	
RESPIRATORY– conditions suspected of being manifested by respiratory pathology	
Respiratory Arrest	Cessation of spontaneous inspiration due to obstruction or failure of the pulmonary system.
Shortness of Breath - COPD	The patients' complaint which expresses the

	feeling of not being able to adequately maintain inspiration and/or expiration due to a history or signs of chronic bronchitis or emphysema.
Shortness of Breath – Pulmonary Edema	The patients' complaint which expresses the feeling of not being able to adequately maintain inspiration and/or expiration due to a history or signs of fluid overload in the pulmonary system.
Apneic Episode	Periods of time where the patient is not breathing
Choking (Airway obstruction)	Partial or full obstruction of the airway passages
Respiratory – non-specific	Signs and/or symptoms consistent or suspected to be caused by unknown respiratory pathology

CODE SET: #42 SECONDARY IMPRESSION: CODE SET CATEGORY: MEDICAL

CODE SUBSET: NEUROLOGIC (42-N)	
NEUROLOGIC– conditions suspected of being manifested by neurologic pathology	
Altered LOC (unknown etiology)	A lapse of consciousness or change in alertness of a patient consistent with the variables associated with the glascow coma scale with an unknown cause. A score below 15 on the Glasgow coma scale.
Syncope/Near Syncope	lapse of consciousness which abruptly begins and ends in a short period of time
Neurological Deficits (CVA/TIA)	Alterations in the mental, sensory, motor or autonomic functions of the patient.
Seizure (active/status epilepticus)	Episodes of loss of consciousness associated with a period of generalized motor convulsions. May be caused by history of epilepsy or other neurological disorder.
Post-seizure/ Post-ictal	Period immediately following a active motor seizure characterized by ALOC (confusion)

CODE SET: #42 SECONDARY IMPRESSION : CODE SET CATEGORY: MEDICAL

CODE SUBSET: SHOCK NON-TRAUMATIC (42-SNT)

SHOCK NON TRAUMATIC– conditions of inadequate tissue perfusion not caused by outside injury	
Cardiogenic	conditions of inadequate tissue perfusion suspected of being caused by cardiac pathology (pump failure)
Anaphylactic	conditions of inadequate tissue perfusion suspected of being caused by severe allergic reactions
Hypovolemic	conditions of inadequate tissue perfusion suspected of being caused by loss of fluid
Respiratory-	conditions of inadequate tissue perfusion suspected of being caused by respiratory failure
Neurogenic	conditions of inadequate tissue perfusion suspected of being caused by neurological disorders (loss of vascular control)
Other Shock	conditions of inadequate tissue perfusion suspected of being caused by unknown causes

#42 SECONDARY IMPRESSION : CODE SET CATEGORY: MEDICAL

CODE SUBSET: POISONINGS/DRUG OVERDOSE (42-POD)	
POISONINGS / DRUG OVERDOSE: entry or over-absorption of an untoward substance	
Suspected Poisoning – non specific	entry or over-absorption of an unspecified substance into the patient causing an untoward effect
Alcohol	entry or over-absorption of an alcohol substance into the patient causing an untoward effect
Carbon Monoxide	entry or over-absorption of an Carbon Monoxide substance into the patient causing an untoward effect
Insecticides	entry or over-absorption of an Insecticide substance into the patient causing an untoward effect
Street Drugs - Stimulants	entry or over-absorption of an stimulant type drug (obtained without a prescription) into the patient causing an untoward effect

Street Drugs - Depressants	entry or over-absorption of a depressant type drug (obtained without a prescription) into the patient causing an untoward effect
Household Industrial Poisons	entry or over-absorption of an Household Industrial Poisons into the patient causing an untoward effect
Pharmaceutical Ingestions	entry or over-absorption of an unknown pharmaceutical substance into the patient causing an untoward effect
Other Drugs/Poisons	entry or over-absorption of an unknown substance into the patient causing an untoward effect

CODE SET: #42 SECONDARY IMPRESSION: CODE SET CATEGORY: MEDICAL

CODE SUBSET: ENVIROMENTAL (42-E)	
ENVIROMENTAL: conditions brought about by exposure to environmental conditions or organisms	
Heat Illness/Injury	conditions brought about by over exposure to heat
Cold illness/injury	conditions brought about by over exposure to cold
Envenomation	conditions brought about by exposure to venomous wildlife
Haz Mat Exposure	conditions brought about by exposure to hazardous substances

CODE SET: #42 SECONDARY IMPRESSION: CODE SET CATEGORY: MEDICAL

CODE SUBSET: OBSTETRICAL & GYNOCOLOGICAL (42-OBG)	
OBSTETRICAL & GYNOCOLOGICAL: Conditions involving female reproductive organs	
Vagina Bleed (non pregnant)	Conditions where the patient is not pregnant and bleeding abnormally from the vagina
Vagina Bleed (pregnant)	Conditions where the patient is pregnant and bleeding abnormally from the vagina
Labor	Conditions where the patient is pregnant and in active labor

Delivery	Conditions where the patient is pregnant and presenting with a normal or abnormal delivery of newborn or stillborn fetus
Newborn	Conditions where the patient delivers a newly born child less than 24 hrs old.
Other	Other conditions involving female reproductive organs or products of conception

EMSA #42 SECONDARY IMPRESSION : CODE SET CATEGORY: MEDICAL

CODE SUBSET: GENERAL MEDICAL (42-GM)	
GENERAL MEDICAL:	
Allergic Reaction	Conditions caused by exposure and hypersensitivity to specific allergens
Behavioral Disturbance	Conditions caused by abnormal psychological conditions
Phenothiazine Reaction	Conditions caused by ingestions of Phenothiazine type drugs
Hypoglycemia	Condition of lower than normal blood sugar levels
Hyperglycemia	Condition of higher than normal blood sugar levels
Abdominal Pain	Conditions where the patient complains of non traumatic abdominal pain
Vomiting/Diarrhea	Conditions caused by episodes of vomiting and diarrhea
GI Bleeding	Conditions caused by bleeding in the upper or lower gastrointestinal tract

EMSA #42 SECONDARY IMPRESSION : CODE SET CATEGORY: MEDICAL

CODE SUBSET: GENERAL MEDICAL (42-GM) - CONTINUED	
GENERAL MEDICAL:	
Weak/Dizziness/Sick/Nausea	Conditions caused by complaint of weakness, dizziness, nausea and generalized illness.
Headache	Conditions caused by non traumatic head pain
Epitaxis	Conditions caused by bleeding from the nasopharyngeal area
Fever	Conditions caused by core body temperature above 98.6 degree
Body Pain Non-traumatic	Patient complaints of non traumatic pain anywhere on the body
Obvious Dead	Pulseless and non breathing patients who have signs of death such as lividity, rigor mortis, dismemberment, incineration, decapitation.
No Medical Complaint	Patients not complaining of a specific medical problem
Other Medical Problem	Other medical conditions

CODE SET: #42 SECONDARY IMPRESSION: CODE SET CATEGORY: TRAUMA

CODE SUBSET: TRAUMA REGIONS(42-T)	
TRAUMA: conditions brought about by outside injury or kinematic force REGIONS: Specific topographical area	
Head	Injuries above the neck and behind the facial region
Face	Injuries to the facial region
Neck	Injuries to the anterior and posterior neck region
Cervical Spine	Injuries to the cervical spinal region
Chest	Injuries to the anterior and posterior thoracic region
Thoracic/Lumbar/Sacral Spine	Injuries to the thoracic/lumbar/sacral spinal region
Upper Extremities	Injuries to the upper extremities (fingers-

	shoulder)
Abdomen	Injuries to the abdominal region
Genitals/Buttocks/Pelvis	Injuries to the genitals/buttocks/pelvis region
Lower Extremities	Injuries to the lower extremities (toes-hip)

CODE SET CATEGORY: TRAUMA

CODE SUBSET: TRAUMA INJURY TYPE (42-T)	
TRAUMA: conditions brought about by outside injury or kinematic force TYPE: Specific condition associated with the traumatic injury	
with neurological deficit	Conditions where there is loss and/or weakness in motor or sensory function
without neurological deficit	Conditions where motor and/or sensory function is normal
Tension Pneumothorax	Conditions where air in thoracic cavity creates unilateral pressure on media-stinum – Unequal breath sounds, symmetry of chest, JVD, tracheal deviation
Flail Chest	Condition of 2 or more ribs fractured in 2 or more places
Diffuse Abdominal Tenderness	Condition where patient complains of tenderness in a non-specific area of the abdomen
Abnormal Breath Sounds	Condition where lungs sounds are non-vesicular
Amputation	Condition where injury has resulted in a separation of a body part from the trunk of patient
Laceration	Condition where skin layers are breached by penetrating sharp and jagged force
Deformity	Condition where a body part appears or feels unusual or abnormal y shaped.
Soft Tissue Injury	Injuries to the skin which include abrasions, incisions, contusions, avulsions, degloving
Pain	Condition where injury has caused significant pain
Burn - Superficial	Thermal, Chemical, Electrical or Radiation

	exposure to the skin resulting in damage to the outermost layer (epidermis)
Burn – Partial/Full Thickness	Thermal, Chemical, Electrical or Radiation exposure to the skin resulting in damage to the inner layers (dermis)
Burn – 3rd Degree	Thermal, Chemical, Electrical or radiation exposure to the skin and tissue resulting in damage to the all skin layers and may include muscle tissue layers and bone.

NOTES

Content: This should be the code from the above list that was most important in determining the treatment protocol followed to provide EMS care to the patient.

Discussion: This data element contains the single clinical assessment which primarily determined the treatment provided by the EMS provider. It should be possible to determine whether the treatments or medications provided match protocols that relate to the clinical impression. When more than one choice is applicable to a patient, the responder should indicate the single most important clinical assessment that drove most of the plan of therapy and management. Additional clinical assessment codes should be entered under "Secondary Impression".

If a trauma code is selected it will always have a "Secondary Impression" to detail the injury.

EMSA #43 NHTSA #49

Data Element Name:	Cause of Injury
Data Element Group:	PCR-Assessment Data
Definition:	The ICD-9-CM E-Code(s) that describe the external cause or mechanism] of injury.
Structure:	May have multiple values per PCR Number
Type & Maximum Size:	A coded description of the values or attributes
	Intent *Include one of the following codes with each E-code:* Unintentional Intentional Unintentionally Self-Inflicted Intentionally Self-Inflicted Unknown
	Railway Unspecified railway incident Auto vs train Train vs pedestrian Auto/Truck vs fixed object vs bicycle vs motorcycle vs pedestrian vs auto Other Vehicle Motorcycle incident All-Terrain/Snowmobile vehicle involved Bicycle (non-motor vehicle involved) incident Horse involved incident Watercraft incident Aircraft incident Hang glider/parachute/balloon Trolley/Cable car incident Recreational Device incident (roller skates, skateboard, skis, snowboard, razor scooter) Fall

	Fall from height >20 ft (per ACS) Fall from height ≤20ft Fall from same level Fall down stairs Fall – unknown source <u>Assault</u> Shooting Stabbing Other Penetrating Force Blunt Force Suspected Sexual Assault Suspected Child/Adult Elder abuse <u>Drowning/Near Drowning</u> In container In pool Natural body of water Drowning/Near Drowning (non-specific) <u>Other Injuries</u> Natural Disaster Industrial machine/tool injury Household machine/tool injury Bites and Stings Hanging/Strangulation Suffocation Lightning Explosion Fireworks Electrocution (non-lightning) Barotrauma Unknown

CODE SET DEFINITIONS

CODE SET: #43 CAUSE OF INJURY: CODE SET CATEGORY: INTENT

Unintentional	Action was with no premeditation or purposeful act to cause injury
Intentional	Action was premeditated with purpose to cause injury
Intentionally Self-Inflicted	Injury was caused and premeditated with purpose to cause injury by the

	patient
Unintentionally Self-Inflicted	Injury was caused by the patient , but with no premeditation or purposeful act to cause injury
Unknown	Source and cause of injury is not known

CODE SET: #43 CAUSE OF INJURY : CODE SET CATEGORY: RAILWAY

Unspecified railway incident	Mechanism of injury directly or indirectly involved a train
Auto vs train	Mechanism of injury was the result of a train versus automobile accident
Train vs pedestrian	Mechanism of injury was the result of a train versus pedestrian accident

CODE SET: #43 CAUSE OF INJURY

CODE SET CATEGORY: AUTO/TRUCK

vs fixed object	Mechanism of injury was the result of a auto/truck versus a stationary force
vs bicycle	Mechanism of injury was the result of a auto/truck versus a non-motorized – manually propelled – two wheeled cycle
vs motorcycle	Mechanism of injury was the result of a auto/truck versus a motorized – auto propelled two wheeled cycle
vs pedestrian	Mechanism of injury was the result of a auto/truck versus patient not in an automobile or other mode of motorized or non-motorized transportation
vs auto	Mechanism of injury was the result of a auto/truck versus an motorized four wheeled vehicle

CODE SET: #43 CAUSE OF INJURY

CODE SET CATEGORY: OTHER VEHICLE

Motorcycle incident	Mechanism of injury involved a two wheeled motorized vehicle
All-Terrain/Snowmobile vehicle involved	Mechanism of injury involved a motorized vehicle specifically

	designed for use in snow or similar conditions.
Bicycle (non-motor vehicle involved) incident	Mechanism of injury involved a non-motorized two wheeled vehicle
Horse involved incident	Mechanism of injury involved a horse
Watercraft incident	Mechanism of injury involved a motorized vehicle specifically designed for use in or on water or similar conditions.
Aircraft incident	Mechanism of injury involved a motorized vehicle specifically designed for travel by air or similar circumstances.
Hang glider/parachute/balloon	Mechanism of injury involved a non motorized vehicle specifically designed for travel by air or similar circumstances.
Trolley/Cable car incident	Mechanism of injury involved a motorized or non-motorized passenger cable vehicle and a four wheeled motorized vehicle
Recreational Device incident	Mechanism of injury involved devices used for personal recreation such as roller skates, skateboard, skis, snowboard, razor scooter

CODE SET: #43 CAUSE OF INJURY

CODE SET CATEGORY: FALL

Fall from height >20 ft (per ACS)	Patient head was 20 ft above impact surface
Fall from height ≤20ft	Patient head was at or below 20 ft from impact surface
Fall from same level	Patient head was same level as impact surface
Fall down stairs	Patient fell down one or more steps
Fall – unknown source	Patient fell due to unknown source

CODE SET: #43 CAUSE OF INJURY

CODE SET CATEGORY: ASSAULT

Shooting	Injuries caused by firearm
Stabbing	Injuries caused by sharp penetrating instrument

Other Penetrating Force	Injuries caused by unknown instrument
Blunt Force	Injuries caused by dull or non penetrating devices
Suspected Sexual Assault	Injuries caused during or as a result of a suspected sexual assault
Suspected Child/Adult Elder abuse	Injuries caused during or as a result of a suspected child or elder abuse

CODE SET: #43 CAUSE OF INJURY

CODE SET CATEGORY: DROWNING/NEAR DROWNING

In container	A structure capable of holding fluid
In pool	A structure designed to hold water for the purposes of swimming or other recreational or aesthetic use.
Natural body of water	A lake, ocean, river or any collection of water which is natural or has been designed to hold large bodies of water.
Drowning/Near Drowning (non-specific)	Death or near death due to prolonged submersion under water

CODE SET: #43 CAUSE OF INJURY
CODE SET CATEGORY: OTHER INJURIES

Natural Disaster	Catastrophic event brought about by non man-made causes.
Industrial machine/tool injury	Injury caused mechanism used in a industrial environment
Household machine/tool injury	Injury caused mechanism used in a home or household environment
Bites and Stings	Penetrating injury caused by insects or other wildlife/animals
Hanging/Strangulation	Injury caused by accidental or purposeful asphyxiation of the upper air passages
Suffocation	Injury caused loss of oxygenated air supply
Lightning	Electrocution caused by environmental exposure to lightning
Explosion	Injury caused exposure to bomb or other incendiary device
Fireworks	Injury caused exposure to incendiary

	device designed for fireworks display
Electrocution (non-lightning)	Exposure and contact with lethal or dangerous electrical current
Barotrauma	Injury caused by exposure to changes or sudden rises or falls in atmospheric pressures
–Unknown	Injuries with unknown causes

Content: It is necessary to have a broad taxonomy for defining the external causes of injury, and this data element is coded in part according to the E codes in ICD-9. The cause of injury cannot be coded exactly as the detailed E-codes. The above code set is meant to provide a mechanism for sorting cause of injury and creating an association with the more specific E-codes. Transition to full code data collection may only include main categories of cause of injury. Subcategories may be added as data collection capabilities become more complete.

Discussion: It is recognized that the entire E code list is too cumbersome for field use, and the element may be collapsed into the codes that have been listed above. When possible, the E code should be defined in as much detail as is present in the E code definitions. The detail will provide additional value to injury prevention researchers. It has been traditional to attempt to assign a single E code to individual incidents. Multiple entries, however, aids in gathering better detail about injuries, and to eliminate confusion when the EMS provider must choose between two reasonable E codes.

EMSA # 44 NHTSA #

Data Element Name:	Injury Contributing Factors
Data Element Group:	PCR-Assessment Data
Definition:	Factors that may have contributed to the seriousness of the injury and influenced triage decisions
Structure:	May have multiple values per PCR Number
Type & Maximum Size:	A coded description of the values or attributes
	Ejection from vehicle Damaged Steering Wheel Death in same passenger compartment Extrication time >20 minutes Initial Speed >40 MPH

	Major Auto Deformity >20 inches Auto-pedestrian/auto-bicycle with significant (>5 MPH) impact Pedestrian thrown or run over Motorcycle incident >20 MPH or with separation of rider from bike Age <5 or >55 Cardiac disease, respiratory disease Insulin-dependent diabetes, cirrhosis, or morbid obesity Pregnancy Immunosuppressed Patient with bleeding disorder or patient on anticoagulants

CODE SET DEFINITIONS

CODE SET: #44 INJURY CONTRIBUTING FACTORS

CODE SET CATEGORY: CONTRIBUTING FACTORS

Ejection from vehicle	Patient was thrown clear from vehicle due to kinematic forces
Damaged Steering Wheel	Steering wheel of involved vehicle exhibits structural damage
Death in same passenger compartment	Passenger in same vehicle as patient has died.
Extrication time >20 minutes	Time from arrival on scene until patient was extricated from vehicle required more than 20 minutes
Initial Speed >40 MPH	Speed at impact was reportedly greater than 40 mph
Major Auto Deformity >20 inches	The involved vehicles show damage to the structural body showing deviations more than 20 inches from what was normal
Auto-pedestrian/auto-bicycle with significant	The involved auto-pedestrian/auto-bicycle show significant damage to the structural body of the vehicles.
(>5 MPH) impact	Pedestrian was hit while vehicle was traveling at least 5 mph
Pedestrian thrown or run over	Pedestrian was hit and ejected or partial or fully rendered beneath the vehicle.
Motorcycle incident >20 MPH or with	Motorcycle rider was traveling at a

separation of rider from bike	speed greater than 20 mph and/or rider was not able to remain seated on motorcycle.
Age <5 or >55	Persons who have reached the age of 55 or who have not reached the age of 5 years.
Cardiac disease, respiratory disease	Persons with a positive history of heart or breathing problems
Insulin-dependent diabetes, cirrhosis, or morbid obesity	Persons with a positive history of diabetes, obesity or liver problems
Pregnancy	Persons who are pregnant
Immunosuppressed	Persons with a positive history of immunosuppressant diseases
Patient with bleeding disorder or patient on anticoagulants	Persons suffering from bleeding diseases
Ejection from vehicle	Persons who are forced from their vehicle as a result of impact

Content:

Discussion:

EMSA #45 NHTSA #51

Data Element Name:	Pre-existing Condition
Data Element Group:	PCR-Assessment Data
Definition:	Patient's medical history conditions that were considered when determining the appropriate patient care.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Alphanumeric
Code Set:	Cardiac Disease Respiratory Disease Immunocompromised Diabetes Chronic Renal Failure Cancer Psychiatric Problems Seizure Disorder Neurologic Deficit Pregnancy Alcohol/Substance Abuse Recent Surgery Hx of current complaint None Unknown

#45 CODE SET DEFINITIONS

CODE SET: #45 PRE-EXISTING CONDITION

CODE SET CATEGORY: PRE-EXISTING CONDITIONS

Cardiac Disease	Patient with a positive past history of heart problems
Respiratory Disease	Patient with a positive past history of breathing problems

Immunocompromised	Patient with a positive past history of immunosuppresion disease
Diabetes	Patient with a positive past history of diabetic problems
Chronic Renal Failure	Patient with a positive past history of kidney failure or related problems
Cancer	Patient with a positive past history of cancer or related problems
Psychiatric Problems	Patient with a positive past history of psychiatric or related problems
Seizure Disorder	Patient with a positive past history of seizures or related problems
Neurologic Deficit	Patient with a positive past history of neurological or related disorders
Pregnancy	Patient who are pregnant or have similar conditions
Alcohol/Substance Abuse	Patient with a positive past history of alcohol/substance abuse or related problems
Recent Surgery	Patient who have had recent surgery for which they have not completely recovered
Hx of current complaint	Patient with a current serious complaint unrelated to mechanism of injury
None	Patient with no known problem problems
Unknown	Patient with unknown problems

Content: Codes reflecting patient's past medical history as described by the patient or informed family/friend.

Discussion: Pre-existing conditions may affect the protocols followed by EMS responders. The data element is intended to capture information as understood by EMS providers at the scene, not as defined later in the

medical record of the hospital. Thus, if the EMS responder finds out that a patient has several pre-existing conditions after he or she arrives at the hospital, those conditions should not be coded in this data element.

EMSA #46 NHTSA #55

Data Element Name:	Safety Factors
Data Element Group:	PCR-Assessment Data
Definition:	Safety factors that affected the incident.
Type & Maximum Size:	Multi-valued, Alphanumeric
Code Set:	Auto Belts: Restrained Unrestrained Unknown Restraint Use Seats: Infant/Child Seat Booster Seat No Seat Used Unknown Seat Use Airbags Deployed: Front Airbag Side Airbag No Airbag Other: Child left unattended in auto Person riding on outside of moving vehicle Person riding unrestrained in bed of truck Other Vehicle/Recreational Devices Helmets: Helmet Worn No Helmet Worn Helmet Use Unknown Pads: Pads Worn No Pads Worn Pads Use Unknown Watercraft Personal Flotation Device: PFD Worn PFD not Worn PFD Use Unknown Swimming Pool Fencing: Pool surrounded by barrier fence Gate: Self-closing, self latching gate

	Firearms	Unsafe storage Trigger Lock employed
	Poisons/ Medications	Easy access to poisons/medications
	Windows	Window guard in place
	Safety Rails	Safety rails installed at scene of incident
	Obstacle/ Hazard	Obstructions present contributing to injury

Content: One or more of the above codes can be recorded. For example, an auto crash involving a small child in an infant/child seat secured only by a lap belt with front and side airbags that did not deploy would be coded 'LB;CS;NA', while another child in the car might be coded 'NS;NB;NA' if neither special seats nor restraint belts were used and the airbags had not deployed.

Discussion: Provides important information about safety device use in motor vehicle crashes, boating incidents, and industrial incidents. EMS personnel should be as complete as possible when coding for each category to assist in injury prevention activities.

AUTO

Belts: Restrained: Patient is restrained in auto with seat belt at time of incident.

Unrestrained: Patient is NOT restrained in auto with seat belt at time of incident.

Unknown Restraint Use: Unknown whether patient was restrained in auto with seat belt at time of incident.

Seats: Infant/Child Seat: Infant/Child <40 pounds secured in child restraint device with seat belt secured at time of incident

Booster Seat : Child >40 pounds and <60 pounds secured in booster seat with seat belt at time of incident.

No Seat Used: Infant/Child not restrained in any type of child restraint device at the time of incident.

Unknown Seat Use: Unknown if infant/child was restrained in any type of child restraint device at time of incident.

Airbags Deployed: Front Airbag: Front airbag deployed at the time of the incident into the patient's passenger space.

Side Airbag: Side airbag deployed at the time of the incident into the patient's passenger space.

No Airbag: Passenger compartment does not contain an airbag.

Other: Child left unattended in auto: Child <6 years left in a motor vehicle unattended for one minute or longer.

Person riding on outside of moving vehicle: Patient injured while riding on the outside of a moving vehicle such as the running board or sitting in window.

Person riding in bed of truck with no restraint device such as seat belt with installed seat.

OTHER VEHICLE/RECREATIONAL DEVICES

Helmets: Helmet Worn: Patient was wearing an intact bicycle/motorcycle helmet at the time of incident.

No Helmet Worn: Patient was NOT wearing a bicycle/motorcycle helmet at the time of incident.

Helmet Use Unknown: Unknown whether patient was wearing a bicycle/motorcycle helmet at time of incident.

Pads: Pads Worn: Patient was wearing protective pads at the time of incident.

No Pads Worn: Patient was NOT wearing protective pads at the time of incident.

Pads Use Unknown: Unknown if patient was wearing protective pads at the time of incident.

WATERCRAFT

Personal Flotation Device: PFD Worn: Patient was wearing PFD at the time of incident.

PFD not Worn: Patient was NOT wearing PFD at time of incident.

PFD Use Unknown: Unknown if patient was wearing PFD at time of incident.

SWIMMING POOL

Fencing Pool surrounded by barrier fence: A barrier fence is a structure that surrounds all sides of the immediate pool area. It does not allow access except through a secure gate.

Gate — Secure Gate in place: A secure gate is a functioning, self-closing, self-latching gate.

FIREARMS

Storage — Unsafe storage: Refers to a gun that is not in a locked container and out of reach of children

Locks — Trigger Lock employed: Trigger lock is secure on gun.

POISONS/
MEDICATIONS

Access — Easy access to poisons/medications: Includes containers without child-resistant caps and easily accessible to children. Also includes poisons stored in an unsafe manner such as easily reachable cabinets without locks.

WINDOWS

Guards — Window guard in place: Device or barrier specifically intended to prevent a small child from falling through a window. This can include bars, dowel or locking pin. Does not include standard screen.

SAFETY RAILS

Rails — Safety rails at place of incident: Rail installed specifically intended to grab on to.

OBSTACLE/HAZARD

Obstacles — Obstructions present contributing toinjury: The existence of obstruction or impediments that interfered with the ability to move freely through the

environment caused the patient to (boxes, stacks of newspapers) and fall (throw rugs).

EMSA #47 NHTSA #56

Data Element Name:	Factors Affecting EMS Delivery of Care
Data Element Group:	PCR-Assessment Data
Definition:	Codes used to identify those factors that affected EMS delivery of patient care.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Alphanumeric
Code Set:	Dispatch Issue Access Issue Adverse Weather Adverse Road Conditions Crowd Control Multiple Casualty Incident Do Not Resuscitate Order Hazardous Material Language Barrier Combative Patient Law Enforcement Resource Allocation Problem Extrication Unsafe Scene Vehicle Problems Physician on Scene Other None

47 CODE SET DEFINITIONS

CODE SET: #47 FACTORS AFFECTING EMS DELIVERY OF CARE

Dispatch Issue	EMS care affected by complications or delay in pre-arrival dispatch activity
Access Issue	EMS care affected by complications or delay in reaching patient to deliver care

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Adverse Weather	EMS care complicated or delayed due to effects of weather
Adverse Road Conditions	EMS care complicated or delayed due to conditions of access route (roads) leading to patient.
Crowd Control	EMS care complicated or delayed due to large numbers of people
Multiple Casualty Incident	EMS care complicated or delayed due to large number of injured or ill patients
Do Not Resuscitate Order	EMS care complicated or delayed due to effects of weather
Hazardous Material	EMS care complicated or delayed due to presence of hazardous materials
Language Barrier	EMS care complicated or delayed due to inability of caregiver and patient to orally communicate
Combative Patient	EMS care complicated or delayed due to patient being a threat; or attempting; or actually assaulting EMS personnel
Law Enforcement	EMS care complicated or delayed due to presence and/or activity of law enforcement
Resource Allocation Problem	EMS care complicated or delayed due to lack or oversupply of needed resources or materials
Extrication	EMS care complicated or delayed due to extrication procedures performed at scene
Unsafe Scene	EMS care complicated or delayed due to possibility of injury or death to EMS workers due to conditions present at scene
Vehicle Problems	EMS care complicated or delayed due to problems or failure of responding vehicles to operate correctly
Physician on Scene	EMS care complicated or delayed due

	to presence, assistance or medical treatment and control rendered by a physician on scene
Other	EMS care complicated or delayed due to reasons not identified in this code set
None	EMS care complicated or delayed due to unknown or no reasons

Content: Unsafe Scene includes presence of gunfire live electrical wires, etc. Law Enforcement is used for instances where police, sheriff, or other law enforcement officers delayed/prevented access. Vehicle problems mean problems with the EMS responder vehicle itself, not with vehicles that obstructed traffic. Extrication is included here because it relates more to the environment in which EMS responders must work and less to the medical care of the patient.

Discussion: For response time evaluations, this data element may explain delays encountered in the system. For instance, the time to scene would be expected to be prolonged if there was a blizzard, or if gunfire prevented EMS responders from patient access. If there was no problem with EMS delivery, this data element would be left blank.

EMSA #48 NHTSA #57

Data Element Name:	Suspected Alcohol/Drug Use
Data Element Group:	PCR-Assessment Data
Definition:	Patient suspected to be under the influence of alcohol or drugs.
Type & Maximum Size:	Alphanumeric
Code Set:	Yes No

Content: Should be coded as Yes whenever the EMS responder suspects alcohol and/or drug use by the patient contributed to at the time of the incident. If alcohol or drugs are totally unrelated to the incident, this field should be coded as 'N'. If EMS personnel do not suspect alcohol and/or drug use at the time of the incident, this field should be coded as "N".

Discussion: Important data element for injury research, permitting reports of value to public health researchers and policy makers.

EMSA #49 NHTSA #62

Data Element Name:	Witnessed Cardiac Arrest
Data Element Group:	PCR-Assessment Data
Definition:	An identifiable witness saw (or heard) a collapse or signs of distress that were due to cardiac arrest.
Type & Maximum Size:	Alphanumeric
Code Set:	Yes No

Content: 'No' should be used when there was no witness of the onset of a cardiac arrest.

Discussion: Cardiac arrest is the cessation of cardiac mechanical activity, confirmed by the absence of a detectable pulse, unresponsiveness, and apnea (or agonal, gasping respirations).

EMSA #50 NHTSA #61

Data Element Name:	Estimated Time of Witnessed Cardiac Arrest
Data Element Group:	PCR-Assessment Data
Definition:	The time at which an identifiable witness saw (or heard) a collapse or signs of distress that were due to cardiac arrest.
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 -- 59

Content: The estimated hour and minute, that a bystander or an EMS responder witnessed the cardiac arrest. Midnight is '000000' and begins the day.

Discussion: This is the time at which a collapse or signs of distress related to cardiac arrest were seen (or heard) by an identifiable witness (either bystander or EMS responder).

Necessary (with Time of Spontaneous Circulation/Ventilation) to calculate the *Utstein Patient Clock.*

EMSA #51 NHTSA #65

Data Element Name:	Pulse Rate
Data Element Group:	PCR-Assessment Data
Definition:	Patient's palpated or auscultated pulse rate expressed in number per minute.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Numeric
Code Set:	None

Content: The patient's pulse rate in number per minute that was determined by EMS personnel.

Discussion: The pulse rate is a component of various triage scoring systems, and permits a rough assessment of the severity of illness of the patient. This data element is based on the physical examination of the patient, and the pulse must be palpated or auscultated. An electrical rhythm is not sufficient, as the patient could have pulseless electrical activity. In this instance, the correct value of this data element is '000'.

EMSA #52 NHTSA #66

Data Element Name:	Initial Cardiac Rhythm
Data Element Group:	PCR-Assessment Data
Definition:	Initial monitored cardiac rhythm (i.e., EKG code) as determined by EMS personnel.
Type & Maximum Size:	Alphanumeric
Code Set:	Sinus Rhythm Sinus Bradycardia Narrow Complex Tachycardia Wide Complex Tachycardia Ventricular Tachycardia Atrial Fibrillation/Flutter 1st Degreee Heart Block 2nd Degree Heart Block 3rd Degree Heart Block Paced rhythm Pulseless Electrical Activity Idioventricular Rhythm Asystole Ventricular Fibrillation Other rhythm from 60-100 (not otherwise listed) Unknown Premature Ventricular Contractions Premature Atrial Contractions

Content: This field contains the code(s) from the above list for the patient's initial cardiac rhythm as determined by EMS personnel.

NOTE: Where PVC and/or PAC are observed in addition to the primary rhythm, the code for the primary rhythm occurs first, and 'PVC' and/or 'PAC' follow(s) the primary code.

Discussion: The initial monitored rhythm is used to assess the survival rate after certain rhythms.

EMSA #53 NHTSA #68

Data Element Name:	Respiratory Rate
Data Element Group:	PCR-Assessment Data
Definition:	Unassisted patient respiratory rate expressed as number per minute.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Numeric
Code Set:	None

Content: The patient's unassisted respiratory rate in number per minute as determined by EMS personnel.

Discussion: The respiratory rate is a component of several triage scoring systems and provides some assessment of severity of illness or injury. If a patient is not breathing and regardless of artificial ventilation, this data element should be coded as '000'.

EMSA #54 NHTSA #69

Data Element Name:	Respiratory Effort
Data Element Group:	PCR-Assessment Data
Definition:	A code that indicates the respiratory effort required by the patient to breathe.
Structure:	One per Respiratory Rate
Type & Maximum Size:	Alphanumeric
Code Set:	Normal Labored Depressed Absent

Content: The code from the above list that indicates the effort required by the patient to breathe as determined by EMS personnel.

Discussion: Respiratory effort is an essential component of pediatric emergency assessment, and is a major part of curricula dealing with pediatric emergencies. Respiratory effort is also potentially valuable in assessing adult patients.

EMSA #54 subset code

Code Set :	Respiratory Effort
Normal	Inspiratory rate, depth, and equality appear to be normal based upon assessment by EMS personnel
Labored	Inspiratory and/expiratory rate, depth, and equality appear to be abnormal or show signs of distress such as accessory muscle use based upon assessment by EMS personnel
Depressed	Inspiratory rate, depth, and equality appear to be below the normal limits based upon assessment of EMS personnel
Absent	Inspiratory rate, depth, and equality are absent

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EMSA #55 NHTSA #70

Data Element Name:	Systolic Blood Pressure
Data Element Group:	PCR-Assessment Data
Definition:	Patient's systolic blood pressure.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Numeric
Code Set:	None.

Content: The patient's systolic blood pressure in millimeters of mercury (mmHg) as determined by EMS personnel.

Discussion: Important component of several scoring systems for triage, and permits some assessment of acuity of patient.

EMSA #56 NHTSA #71

Data Element Name:	Diastolic Blood Pressure
Data Element Group:	PCR-Assessment Data
Definition:	Patient's diastolic blood pressure.
Structure:	One per Systolic Blood Pressure
Type & Maximum Size:	Alphanumeric
Code Set:	Palpated Number monitored

Content: The patient's diastolic blood pressure in millimeters of mercury (mmHg) as determined by EMS personnel. If the blood pressure is not ausculated, the diastolic blood pressure shall be documented as palpated.

Discussion: Important component of several scoring systems for triage, and permits some assessment of acuity of patient.

EMSA #57 NHTSA #72

Data Element Name:	Perfusion
Data Element Group:	PCR-Assessment Data
Definition:	Patient skin perfusion, expressed as normal or decreased.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Alphanumeric
Code Set:	Normal Decreased

Content: The code from the above list that indicates the patient's skin perfusion as determined by EMS personnel .

Discussion: This field is essential for children. Normal may be assessed as warm, pink, and/or with a capillary refill time of 2 or less seconds. Decreased may be assessed as cool, pale, mottled, dusky, and/or with a capillary refill time of greater than 2 seconds.

If the patient is hypothermic or febrile, this may affect skin perfusion. However, the skin perfusion should be scored consistently as defined above.

This code is not used to reflect decreased perfusion in an extremity due to an isolated injury.

EMSA #58 NHTSA #73

Data Element Name:	Glasgow Eye Opening Component
Data Element Group:	PCR-Assessment Data
Definition:	Patient's eye opening component of the Glasgow coma scale.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Numeric
Code Set:	1 None 2 Opens eyes in response to painful stimulation 3 Opens eyes in response to verbal stimulation 4 Opens eyes spontaneously

Discussion: One of three components of the Glasgow coma scale as determined by EMS personnel, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

EMSA #59 NHTSA #74

Data Element Name:	Glasgow Verbal Component
Data Element Group:	PCR-Assessment Data
Definition:	Patient's verbal component of the Glasgow coma scale.
Structure:	One per Glasgow Eye Opening Component
Type & Maximum Size:	Numeric
Code Set:	For patients >5years: 1 = None 2 = Non-specific sounds 3 = Inappropriate words 4 = Confused conversation or speech 5 = Oriented and appropriate speech For patients 2-5 years: 1 = None 2 = Grunts 3 = Cries and/or screams 4 = Inappropriate words 5 = Appropriate words For patients 0-23 months: 1 = None 2 = Persistent cry, grunting 3 = Inappropriate cry 4 = Cries, inconsolable 5 = Smiles, coos, cries appropriately

Content: If the patient is intubated and deeply comatose, then this data element is coded as 1 for none, since there was no verbal response at the time of intubation. However, if the patient is intubated but not deeply comatose, and there is a possibility of verbal response, it is difficult to apply the Glasgow coma scale. The EMS responder can ask questions and if the patient can nod his head or blink eyes, etc. appropriately, then this element is coded as 5.

Discussion: One of three components of the Glasgow coma scale as determined by EMS personnel, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

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Data Element Name:	Glasgow Motor Component
Data Element Group:	PCR-Assessment Data
Definition:	Patient's motor component of the Glasgow coma scale.
Structure:	One per Glasgow Eye Opening Component
Type & Maximum Size:	Numeric
Code Set:	For patients >5years: 1 = None 2 = Extensor posturing in response to painful stimulation 3 = Flexor posturing in response to painful stimulation 4 = General withdrawal in response to painful stimulation 5 = Localization of painful stimulation 6 = Obeys commands with appropriate motor response For patients up to 5 years: 1 = None 2 = Extensor posturing in response to painful stimulation 3 = Flexor posturing in response to painful stimulation 4 = General withdrawal in response to painful stimulation 5 = Localization of painful stimulation 6 = Spontaneous

Content:

Discussion: One of three components of the Glasgow coma scale as determined by EMS personnel, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems.

EMSA #61 NHTSA #76

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Data Element Name:	Glasgow Coma Score
Data Element Group:	PCR-Assessment Data
Definition:	Patient's total Glasgow coma scale score.
Structure:	One per Glasgow Eye Opening Component
Type & Maximum Size:	Numeric
Code Set:	Calculated

Content: The calculated Glasgow Coma Score is the sum of the eye opening, verbal and motor response components. The range of the score is 3 to 15.

Discussion: This important component of several triage scoring systems provides information about the severity of a neurological disorder.

EMSA #62 NHTSA #77

Data Element Name:	Revised Trauma Score
Data Element Group:	PCR-Assessment Data
Definition:	Patient's revised trauma score.
Type & Maximum Size:	Numeric
Code Set:	Calculated

Content: The revised trauma score is calculated from other data elements. It is the sum of a respiratory rate component, systolic blood pressure component, and a neuralgic component. If the score cannot be calculated because of absent component data or is unknown, the score should be coded as '88'.

Respiratory Rate Component

4 10 - 29 per minute
3 ≥30 per minute
2 6 - 9 per minute
1 1 - 5 per minute
0 None spontaneous

Systolic Blood Pressure Component

4 ≥90 mm Hg
3 76 - 89 mm Hg
2 50 - 75 mm Hg
1 1 - 49 mm Hg
0 No pulse

Neurolgic Component

4 Glasgow coma score 13 - 15
3 Glasgow coma score 9 - 12
2 Glasgow coma score 6 - 8
1 Glasgow coma score 4 - 5
0 Glasgow coma score 3

Discussion: The revised trauma score is a triage scoring system that may be used to categorize injured patients in an EMS system and is calculable from other data elements that are core elements of the uniform data set. Other scoring systems include the CRAMS, the Trauma Index, the Trauma Score (Champion), the Glasgow coma scale, APACHE, PRISM, Hanover Intensive Score (HIS), AIS and ISS.

EMSA #63 no NHTSA #

Data Element Name:	Base Hospital Identifier
Data Element Group:	PCR-Treatment Data
Definition:	The identifier for the base hospital or other facility from which an EMS provider received medical guidance.
Type & Maximum Size:	Alphanumeric
Code Set:	None

Content: This identifier must be unique within California, and should be the HIPAA National Provider Identifier.

Discussion: This field identifies the hospital that was the source of medical direction for Prehospital triage, treatment, and patient routing when contacted.

EMSA #64 NHTSA #58

Data Element Name:	Estimated Initial Time CPR Started
Data Element Group:	PCR-Treatment Data
Definition:	The hour and minute and second that CPR was started by a bystander or by an EMS responder.
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 -- 59

Content: The estimated hour and minute that CPR was initiated by a bystander or by an EMS responder. Midnight is '000000' and begins the day.

Discussion: Ideally, the Time CPR Started by an EMS responder is in Pacific Standard or Daylight Time as determined automatically using 'universal time' from a GPS receiver in a Personal Digital Assistant or other electronic device. It should be obtained electronically, if possible, to minimize manual entry effort and errors.

For CPR initiated by a bystander, the time will usually be an estimate by the initiator or an on-looker.

This time is a *core* data element for the *Utstein Style Template* for analysis of attempted cardiac arrest resuscitation.

EMSA #65 NHTSA #59

Data Element Name:	Initial Provider of CPR
Data Element Group:	PCR-Treatment Data
Definition:	The code for the person who initiated CPR on the patient.
Type & Maximum Size:	Alphanumeric
Code Set:	Bystander EMS Personnel

Content: The character code for the person who provided CPR. This code is multi-valued and associated with the Time CPR Started so that it can be used to report multiple attempts at CPR (e.g., CPR performed first by a bystander, and then by an EMS responder).

Discussion: These codes classify the CPR provider into one of two groups: bystander or emergency personnel. Per *the Utstein Style*, emergency personnel are "persons who respond to a medical emergency in an official capacity as part of an organized response team…physicians, nurses, and paramedics who witness a cardiac arrest in a public setting and initiate CPR but do *not* respond as part of an organized team are *not* emergency personnel."

Bystander

This includes anyone who is not part of an organized EMS response team. Again, per *the Utstein Style*, this indicates "an attempt to perform basic cardiopulmonary resuscitation (CPR) by someone who is *not* part of an organized emergency response system. In general, this will be the person who witnessed the arrest.

EMS Personnel

This includes anyone who is part of an organized EMS response team.

EMSA #66 NHTSA #60

Data Element Name:	Time CPR Discontinued
Data Element Group:	PCR-Treatment Data
Definition:	The hour and minute and second when CPR was discontinued because it was considered futile.
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59

Content: The hour, minute, and second when chest compressions and ventilations ceased. Midnight is '000000' and begins the day.

Discussion: The time CPR was discontinued by an EMS responder may be a manually observed time (i.e., one that is not determined using GPS universal time).

This time is a *core* data element for the *Utstein Style Template* for analysis of attempted cardiac arrest resuscitation.

EMSA #67 NHTSA #63

Data Element Name:	Time of Initial Defibrillatory Shock
Data Element Group:	PCR-Treatment Data
Definition:	The hour and minute and second that the first defibrillatory shock was delivered.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that a defibrillator was used to apply the first shock to the patient by a bystander or an EMS responder. Midnight is '000000' and begins the day.

Discussion: : Ideally, the Time of Defibrillatory Shock is in Pacific Standard or Daylight Time as determined automatically using 'universal time' from a GPS receiver in a Personal Digital Assistant or other electronic device (e.g., Automatic External Defibrillator [AED]). It should be obtained electronically, if possible, to minimize manual entry effort and errors.

This time is a *core* data element for the *Utstein Style Template* for analysis of attempted cardiac arrest resuscitation.

EMSA #68 no NHTSA #

Data Element Name:	Provider of Initial Defibrillatory Shock
Data Element Group:	PCR-Treatment Data
Definition:	The code for the person who defibrillated the patient.
Type & Maximum Size:	Alphanumeric
Code Set:	Bystander EMS Personnel

Content: The two character code for the person who provided the initial defibrillatory shock. This code is associated with the Time of initial Defibrillatory Shock

Discussion: These codes classify the Provider of Defibrillatory Shock into one of two groups: bystander or emergency personnel, as does *the Utstein Style* for CPR providers.

Bystander

This includes anyone who is not part of an organized EMS response team.

EMS Personnel

This includes anyone who is part of an organized EMS response team.

EMSA #69 NHTSA #64

Data Element Name:	Return of Spontaneous Circulation
Data Element Group:	PCR-Treatment Data
Definition:	Spontaneous cardiovascular circulation was restored to the patient at any time in the prehospital setting.
Type & Maximum Size:	Alphanumeric
Code Set:	Yes No

Content: Was there a return to spontaneous cardiovascular circulation at any time in the prehospital setting? Yes or No

Discussion:

EMSA #70 NHTSA #78

Data Element Name:	Procedure Name
Data Element Group:	PCR-Treatment Data
Definition:	Identification of procedure attempted or performed on patient.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Alphanumeric; NN.NN
Code Set:	CPR Defibrillation (manual) Defibrillation (auto) Synchronized cardioversion Pre-existing devices Airway Management Removal of foreign body Valsalva maneuver Oxygen by mask Oxygen by cannula Bag/Valve/Mask Oropharyngeal airway Nasopharyngeal airway Esophageal airway Esophageal/tracheal airway Endotracheal intubation Nasotracheal intubation Needle Cricothyrotomy Needle thoracostomy Monitor thoracostomy tube(s) Assisted ventilation (positive pressure) Suction Pulse Oximetry End Tidal CO2 Nasogastric tube insertion ECG monitoring 12-Lead EKG External cardiac pacing Obtain venous blood sample Fluid Management Saline lock

	Intravenous catheter Intraosseous catheter Monitor pre-existing vascular access Monitor and adjust IV solutions containing potassium containing heparin containing nitroglycerin Glucose monitoring device MAST (military anti-shock trousers) Immobilization Splint of extremity (non-traction) Traction splint Spinal Burn care Obstetrical care (delivery) Bleeding controlled Stroke Screen/Assessment

CODE SET DEFINITIONS

CODE SET: #70 PROCEDURE NAMES

CODE SET CATEGORY: PROCEDURES

CPR	Delivery of artificial ventilations and external cardiac compressions provided in a ratio as defined by national standards
Defibrillation (auto)	Delivery of transthoracic electrical current via a automatic defibrillation unit. (a defib unit which will analyze and advise or delivery electrical shocks to the patient automatically)
Synchronized cardioversion	Delivery of a transthoracic electrical current which is synchronized with the "R" wave of a EKG complex as identified by the monitoring unit.
Pre-existing devices	Devices which access the central venous or arterial circulation and have been previously established

	by caregivers other than EMS personnel
Airway Management	Delivery of care which provides measures intended to open or manage an existing airway passage
Removal of foreign body	Delivery of care which provides measures intended remove a foreign body which is fully or partially blocking the patient airway passages. Typically provided by heimlick maneuver, finger sweep, or by use of the Magill forceps
Valsalva maneuver	Delivery of care where patient is advised to "bear down" or utilizes a similar technique with the intent of stimulating the vagus nerve and slowing a pulse rate.
Oxygen by mask	Delivery of care which provides increased oxygen supply to the patient via any type of mask
Oxygen by cannula	Delivery of care which provides increased oxygen supply to the patient via a nasal cannula
Bag/Valve/Mask	Delivery of care which provides increased oxygen supply or artificial ventilations to the patient via any type of mask
Oropharyngeal airway	Delivery of care in which a oralpharyngeal airway device is successfully inserted into the oral pharynx
Nasopharyngeal airway	Delivery of care in which a nasalpharyngeal airway device is successfully inserted into the nasal pharynx
Esophageal airway	Delivery of care in which Esophageal airway device is successfully inserted into the esophagus

Esophageal/tracheal airway	Delivery of care in which a Esophageal/tracheal airway device is successfully inserted into the esophagus
Endotracheal intubation	Delivery of care in which a Endotracheal tube airway device is successfully inserted into the trachea.
Needle Cricothyrotomy	Delivery of care in which a transtracheal lumen is successfully inserted into the trachea through the cricothyroid membrane
Needle thoracostomy	Delivery of care in which a needle catheter or commercial chest tube device is successfully inserted into the thoracic cavity between the 2nd & third intercostals space – midclavicular line or between the 4th & 5th intercostals space on the mid-axillary line.
Monitor thoracostomy tube(s)	Delivery of care in which includes the evaluation, assessment and monitoring of a tube which has been inserted into the thorax
Assisted ventilation (positive pressure)	Delivery of care in the patient receives assistance in the inspiration of air by the use of a positive pressure breathing device
Suction	Delivery of care in which the oral, pulmonary or digestive passages are cleared of foreign materials and fluid by the use of vacuum powered suction devices
Pulse Oximetry	Monitoring of patient oxygen saturation by the use of a commercial measuring device
End Tidal CO2	Use of a device which detect carbon dioxide during the patients expiratory phase of breathing

Nasogastric tube insertion	Insertion of a tube beginning at the nasal passages for the purposes of accessing the gastric tract
ECG monitoring	monitoring device which measures the electrical activity of the heart's conductive system by use of three leads
12-Lead EKG	monitoring device which measures the electrical activity of the heart's conductive system by use of twelve leads
External cardiac pacing	Application of a device which can provide a pacemaker capability to the patients cardiac electrical system
Obtain venous blood sample	Access to the venous through trans-cutaneous venipuncture
Fluid Management	Administration of specifically prescribed amounts of fluids through the use of intravenous catheter
Saline lock	Use of a device in conjunction with intravenous access to prevent clotting
Intravenous catheter	Use of a device which procures and maintains intravenous access.
Intraosseous catheter	Use of a device which procures and maintains intraosseous access.
Monitor pre-existing vascular access	To evaluate, assess and maintain a device which accesses the venous or arterial circulation.
Monitor and adjust IV solutions	To evaluate, assess, adjust or maintain a device which administers IV solutions through a intravenous catheter.
containing potassium	To evaluate, assess, adjust or maintain a device which administers IV solutions through a intravenous catheter containing

	potassium
containing heparin	To evaluate, assess, adjust or maintain a device which administers IV solutions through a intravenous catheter containing heparin
containing nitroglycerin	To evaluate, assess, adjust or maintain a device which administers IV solutions through a intravenous catheter containing nitroglycerine
Glucose monitoring device	To evaluate, assess, adjust or maintain a device which monitors the blood glucose levels of a patient.
MAST (military anti-shock trousers)	The application of pneumatic trousers including the abdominal section.
Immobilization	To secure an object so that it will not be unnecessarily moved.
Splint of extremity (non-traction)	The application of any number of devices and straps for the purposes of splinting/immobilizing an extremity or extremities
Traction splint	The application of traction device for the purposes of splinting/immobilizing an extremity
Spinal	The application of any number of devices and straps for the purposes of splinting/immobilizing the head and spinal cord
Burn care	The application of any number of dressings or techniques for the purposes of treating a burn
Obstetrical care (delivery)	Delivery of a live or stillborn fetus
Bleeding controlled	Delivery of care which may include direct pressure, pressure bandages or other forms of tamponade for the purposes of controlling external

	bleeding.

Content: The procedures listed above include those in the scope of practice for EMT-I, EMT-II and EMT-P and optional scope of practice approved for individual local EMS agencies. The coding system used is the ICD-9 Procedure Classification.

Discussion: Intended to provide planners and educators with information about which procedures are conducted in the field, by whom, and for what indications. Procedures are defined here as anything done by way of assessment or treatment of the patient. Thus application of spinal immobilization is a treatment, use of a cardiac monitor is a tool of assessment, and drawing blood tubes is neither a specific treatment nor a means of field assessment. All of these would be considered procedures for purposes of this data element.

EMSA #71 no NHTSA #

Data Element Name:	Procedure Performed By
Data Element Group:	PCR-Treatment Data
Definition:	This number identifies the personnel who performed a documented procedure, regardless of success. At Provider and LEMSA discretion, the number may be the crew member number (e.g., #1, #2, #3, etc.), or it may be the Paramedic license number, EMT certification number or RN/MD license number that uniquely identifies the crew member within California.
Structure:	One per Procedure Name
Type & Maximum Size:	Alphanumeric
Code Set:	None

Content: The number is left-justified.

Discussion: The paramedic license number, EMT certification numbers and RN/MD license numbers that uniquely identify the personnel who participated in an EMS response will be used only at the Provider and LEMSA level unless the individual Provider approves inclusion at the state level. Before data is sent to EMSA for the statewide CEMSIS database, LEMSAs will convert paramedic license number, EMT certification numbers and RN/MD license numbers to numbers that uniquely identify each member of an EMS crew (e.g., #1, #2, #3, etc.) without losing the correct Crew Member Type for each.

EMSA #72 NHTSA #79

Data Element Name:	Procedure Attempts
Data Element Group:	PCR-Treatment Data
Definition:	Total number of attempts for each procedure attempted, regardless of success.
Structure:	One per Procedure Name
Type & Maximum Size:	Alphanumeric
Code Set:	None

Content: For procedures that are performed on the patient, this field indicates the number of attempts per EMS personnel regardless of success.

Discussion: In most instances, the number will be '1'. This data element permits educators and researchers to know whether certain procedures are posing particular technical problems in the field. The definition of "attempt" for procedures is defined as follows:

Esophageal airway: Insertion of the esophageal airway beyond the teeth with the intent of placing the esophageal airway in an individual patient.

Esophageal/tracheal Airway: Insertion of the esophageal/tracheal airway beyond the teeth with the intent of placing the esophageal/tracheal airway in an individual patient.

Endotracheal intubation: Insertion of an endotracheal tube beyond the teeth with the intent of placing an endotracheal tube in an individual patient.

Foreign Body Removal: Insertion of the magill forceps with the intent of removing a foreign body from the airway

Intraosseous catheter: Insertion of the needle through the skin with the intent of establishing an intraosseous line.

Nasotracheal intubation: Insertion of an endotracheal tube beyond the opening of the nares with the intent of placing a nasotracheal tube in an individual patient.

Needle Cricothyrotomy: Insertion of the needle through the skin with the intent of performing a needle cricothyrotomy.

Nasogastric tube insertion: Insertion of a nasogastric tube passed beyond the opening of the nares with the intent of placing a nasogastric tube in an individual patient.

Pre-existing devices: Attempted to access device

Saline lock: Insertion of the needle through the skin with the intent of establishing a saline lock.

Venous Blood Sample: Insertion of the needle through the skin with the intent of drawing a blood sample.

Recommended:

Intravenous catheter: Insertion of the needle through the skin with the intent of establishing an intravenous line.

EMSA #73 no NHTSA #

Data Element Name:	Procedure Result/Success
Data Element Group:	PCR-Treatment Data
Definition:	The result/success of a procedure attempted on a patient.
Structure:	One per Procedure Name
Type & Maximum Size:	Alphanumeric
Code Set:	Successful Unsuccessful

Content: Documentation of result/success of each procedure attempted on a patient by pre-hospital personnel. Result/Success should be documented for each personnel who attempts a procedure. The following procedures should have result/success documented:

Esophageal airway

Esophageal/tracheal airway

Endotracheal intubation

Foreign body removal from airway

Nasotracheal intubation

Needle Cricothyrotomy

~~Needle thoracostomy~~

Nasogastric tube insertion

Obtain venous blood sample

Pre-existing device

Saline lock

Intravenous catheter

Intraosseous catheter

Successful: attempt completed

Unsuccessful: attempt not completed

Discussion: This data element permits educators and researchers to know whether certain procedures are posing particular technical problems in the field.

EMSA #74 NHTSA #80

Data Element Name:	Medication Name
Data Element Group:	PCR-Treatment Data
Definition:	Identification of medication given to the patient (or monitored) by the pre-hospital personnel.
Structure:	May have multiple values per PCR Identifier
Type & Maximum Size:	Alphanumeric
Code Set:	Normal Saline 25% Dextrose 50% Dextrose Oral Glucose/Sugar Solutions Activated Charcoal Adenosine Aerosolized or nebulized beta-2 specific bronchodilator Amiodarone Aspirin Atropine Sulfate Beta Agonist (any drug) Blood & Blood Products Calcium Chloride Diazepam (Valium®) Diazepam (rectal Valium®) Diphenhydramine Hydrochloride (Benadryl®) Dopamine Hydrochloride Epinephrine Furosemide (Lasix®) Glucagon Heparin (intravenous) – IFT ONLY Ipratropium Bromide (Atrovent®) Lidocaine Hydrochloride Lorazepam Mannitol Midazolam Magnesium Sulfate

	Morphine Sulfate Naloxone Hydrochloride Nitroglycerin Preparations (except IV) Nitroglycerin (intravenous) IFT ONLY Nitrous Oxide Oxygen Oxytocin (Pitocin®) Procainamide Potassium Chloride IFT ONLY Pralixome Chloride 2 (2 PAM) Rocuronium Bromide (Zemuron®) Sodium Bicarbonate Sodium Thiosulfate Succinylcholine Chloride (Anectine) Syrup of Ipecac Tissue Plasminogen Activator IFT ONLY Verapamil

Content: The medications listed above include those in the scope of practice for EMT-I, EMT-II and EMT-P and optional scope of practice approved for individual local EMS agencies. Some are approved only for inter-facility transfer (IFT) patients.

Discussion: Intended to provide planners and educators with information about which medications are administered in the field, by whom, and for what indications.

EMSA #75 no NHTSA #

Data Element Name:	Medication Dose
Data Element Group:	PCR-Treatment Data
Definition:	The dose for each medication given to a patient.
Structure:	One per Medication Name
Type & Maximum Size:	Numeric
Code Set:	None

Content: Documentation of the dosage for each medication administered to a patient including the decimal point. PRN orders should be documented in the open comment field on the PCR, but not recorded in this field unless the medication is actually given. When giving IV fluid, the total amount given at the time of arrival at the hospital or the IV is discontinued should be recorded here.

Discussion: Documentation of dosage should only be for those medications actually administered to a patient. When giving IV fluids, the amount given in the field until the time of arrival at the hospital should be recorded here.

PRN orders should not be documented using this data element.

If a dosage range is ordered for titration, the order may be documented in the open comment section of the PCR, but the actual dosage administered should be entered in this field.

EMSA #76 no NHTSA #

Data Element Name:	Medication Dose Unit
Data Element Group:	PCR-Treatment Data
Definition:	The dose unit for each medication given to a patient.
Structure:	One per Medication Dose
Type & Maximum Size:	Alphanumeric
Code Set:	cc grain gram milliequivalents milligrams

Content: Documentation of the dosage unit for each medication administered to a patient.

Discussion:

DRAFT

EMSA #77 no NHTSA #

Data Element Name:	Medication Route
Data Element Group:	PCR-Treatment Data
Definition:	The route used for each medication given to a patient.
Structure:	One per Medication Name
Type & Maximum Size:	Alphanumeric
Code Set:	Oral Intravenous Push Intravenous Drip Intramuscular Intraosseaous Endotracheal Inhalation Subcutaneous Rectal Sublingual Topical

CODE SET DEFINITIONS #77

CODE SET: #77 MEDICATION ROUTE

Oral	Administration by mouth and absorption of medication through the digestive tract
Intravenous Push	Administration by IV injection site and absorption of medication through the circulatory tract
Intravenous Drip	Administration by IV slowly over a graduated period of time and absorption of medication through the circulatory tract
Intramuscular	Administration via a skeletal muscle and absorption of medication through the musculo-skeletal viscera

Intraosseaous	Administration through the medullary canal of the long bones and absorption of medication through the intraosseous-circulatory tract
Endotracheal	Administration through a placed endotracheal tube and absorption of medication through the bronchial tree.
Inhalation	Administration through inhalation of nebulized droplets and absorption of medication through the bronchial tree
Subcutaneous	Administration through injection into the subcutaneous layer of the skin and absorption of medication through the subcutaneous visceral plexus
Rectal	Administration through introduction of liquid medication into the anal canal and absorption of medication through the anal membranes/venous plexus
Sublingual	Administration through placement under the tongue and absorption of medication through the sublingual mucous membranes/venous plexus
Topical	Administration by application on top of skin and absorption of medication through the absorption of the skin

Content: Documentation of route used for each medication given to a patient.

Discussion: This data element documents the route for each medication as some medications can be administered multiple routes.

EMSA #78 no NHTSA #

Data Element Name:	Medication Administered By
Data Element Group:	PCR-Treatment Data
Definition:	This number identifies the EMS personnel who administered medication, regardless of success. At Provider and LEMSA discretion, the number may be the crew member number (e.g., #1, #2, #3, etc.), or it may be the Paramedic license number, EMT certification number or RN/MD license number that uniquely identifies the crew member within California.
Structure:	One per Medication Dose
Type & Maximum Size:	Alphanumeric
Code Set:	Determined by LEMSA and Provider Agency to include: Patient/bystander

Content:

Discussion: The paramedic license number, EMT certification numbers and RN/MD license numbers that uniquely identify the EMS personnel who participated in an EMS response will be used only at the Provider and LEMSA level unless the individual Provider approves inclusion at the state level. Before data is sent to EMSA for the statewide CEMSIS database, LEMSAs will convert paramedic license number, EMT certification numbers and RN/MD license numbers to numbers that uniquely identify each member of an EMS crew (e.g., #1, #2, #3, etc.) without losing the correct Crew Member Type for each.

In some cases, patients and or family may deliver the medication to the patient.

DRAFT

EMSA #79 no NHTSA #

Data Element Name:	Medication Result/Success
Data Element Group:	PCR-Treatment Data
Definition:	The result of a medication given to a patient.
Priority:	Recommended
Structure:	One per Medication Dose
Type & Maximum Size:	Alphanumeric
Code Set:	Improved Worsened No Change Unknown

Content: Documentation of result of medications given to a patient by pre-hospital personnel.

Discussion: This data element permits the evaluation of the benefits of medications given in the field.

Improved - patient condition has shown improvemnt

Worsened - patient condition has shown deteroration

No Change - patient condition has shown no change

Unknown – unknown if patient has improved or deteriorated

DRAFT

EMSA #80 no NHTSA #

Data Element Name:	Pain Scale Prior to Treatment
Data Element Group:	PCR-Treatment Data
Definition:	Scale of pain prior to pain management in the prehospital setting.
Structure:	One per patient receiving pain management
Type & Maximum Size:	Alphanumeric
Code Set:	1 2 3 4 5 6 7 8 9 10

Content: To be defined

1. - light
2
3
4 mild
5
6 heavy
7
8 severe
9
10 extreme

DRAFT

EMSA #81 no NHTSA #

Data Element Name:	Pain Scale After Treatment
Data Element Group:	PCR-Treatment Data
Definition:	The result of a pain management in the prehospital setting.
Structure:	One per patient receiving pain management
Type & Maximum Size:	Alphanumeric
Code Set:	1 2 3 4 5 6 7 8 9 10

Content: To be defined

1. - light
2
3
4 mild
5
6 heavy
7
8 severe
9
10 extreme

EMSA #82 NHTSA #47

Data Element Name:	Incident/Patient Disposition
Data Element Group:	PCR-Treatment Data
Definition:	End result of EMS response.
Type & Maximum Size:	Alphanumeric
Code Set:	Transported Transported to receiving facility Transferred care to other EMS unit Transported but patient/parent refused care (AMA) Not Transported Treated and not transported by EMS personnel Treated but patient/parent refused transport (AMA) Patient/parent refused care and transport (AMA) No treatment required Patient dead upon arrival of EMS responders Discontinued resuscitation Other Response cancelled No patient found

Content: One of the above codes that indicates the disposition of the EMS response.

Discussion: Allows analysis of the EMS system in terms of EMS response disposition.

Transported to receiving facility

This code means that the EMS responder providing the data record only transported the patient to the receiving facility. Transport may be to any valid destination, as defined for the destination data element. For example, if one EMS responder transports a patient to a rendezvous point with another EMS responder (for instance, a ground crew rendezvous with a helicopter-based agency), the latter EMS responder (i.e., the helicopter-based agency) would use this code.

Transferred care to other EMS unit

This code means that the EMS responder providing the data record transferred care to another EMS unit. For example, if one EMS responder transports a patient to a rendezvous point with another EMS responder (for instance, a ground crew rendezvous with a helicopter based agency), this code would be used by the transferring unit (i.e., the ground crew).

Transported but patient/parent refused care (AMA)

This code means that patient (or parent of a minor) refused care, whether injured or not. If the EMS responder knows that there is an injury, and the patient refuses care but accepts transport to a receiving facility, this is the correct code for this data element.

Treated and Not transported by EMS Personnel

This code means that the EMS responder provided treatment, and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by himself or others to the facility providing further care.

Treated but patient/parent refused transport (AMA)

This code means that patient (or parent of a minor) refused transport, even though the EMS responder provided care. If the patient refuses transport by EMS, but is transported by friends or acquaintances, this is still the correct code for this data element.

Patient/parent refused care and transport (AMA)

This code means that patient (or parent of a minor) refused both care and transport, whether injured or not. If the EMS responder knows that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element.

No treatment required

This code means that the EMS responder evaluated the patient, and no treatment was required. If the patient refused evaluation, or if the EMS responder did not evaluate a specific patient, this is not the correct code for this data element.

Patient dead upon arrival of EMS responders

This code means that the patient was dead when the first EMS responder arrived at the scene, and no treatment was undertaken.

Discontinued resuscitation at scene

This code means that resuscitation was discontinued at the scene, after treatment was undertaken. This is the correct code for a patient given CPR

and then resuscitation was discontinued at the scene; but, not for a patient given CPR at the scene and transported to the hospital while undergoing CPR.

Response cancelled

This code means that the EMS response was cancelled enroute. Cancellation was determined within the responding units department.

No patient found

This code means that no patient could be found by the EMS responder.

EMSA #83 NHTSA #44

Data Element Name:	Destination
Data Element Group:	PCR- Transport Data
Definition:	The code for the health care facility, EMS unit, or other destination to which an EMS patient is transferred.
Type & Maximum Size:	Alphanumeric
Code Set:	Home Hospital (hospital codes from LEMSA to be converted by EMSA to HIPAA codes) Medical Office Other Health Facility Other EMS Unit

Content: The hospital and EMS provider agency identifier must be unique and should be the HIPAA National Provider Identifier.

Discussion: This field will be used to link patient care data from different sources (e.g., EMS first responder and transport agencies, and the receiving hospital).

Home- residential site where patient resides permanently or temporarily

Hospital- (hospital codes from LEMSA to be converted by EMSA to HIPAA codes)

Medical Office- primary off-hospital site where physician see patients.

Other Health Facility -

Other EMS Unit

DRAFT

EMSA #84 NHTSA #45

Data Element Name:	Destination Determination (Rationale)
Data Element Group:	PCR- Transport Data
Definition:	The primary reason a transport destination was selected by EMS personnel.
Type & Maximum Size:	Alphanumeric (4)
Code Set:	Closest Facility (none below) By Request Law Enforcement Choice Managed Care/Insurance Coverage Trauma Patient Destination Policy Burn Patient Destination Policy Pediatric Patient Destination Policy Other Specialty Resource Destination Policy On-line Medical Direction Diversion ~~Other~~ ~~Not Applicable~~

CODE SET DEFINITIONS #84

CODE SET: #84 DESTINATION DETERMINATION

Closest Facility (none below)	Destination was the closest receiving facility available
By Request	Destination was at the request of the patient, parents or guardian

Law Enforcement Choice	Destination was determined by Law Enforcement on scene
Managed Care/Insurance Coverage	Destination was determined by the type of Managed Care/Insurance Coverage
Trauma Patient Destination Policy	Destination was determined by off-line medical control Trauma Destination policies
Burn Patient Destination Policy	Destination was determined by off-line medical control Burn Destination policies
Pediatric Patient Destination Policy	Destination was determined by off-line medical control Pediatric Destination policies
Other Specialty Resource Destination Policy	Destination was determined by off-line medical control Specialty Resource Destination policies
On-line Medical Direction	Destination was determined by direct verbal order from medical control
Diversion	Destination was determined by off-line or on-line medical control Diversion policies or orders

Content: The code (from those above) that indicates the primary reason the destination was selected.

Discussion: Helps EMS managers determine whether the choice of destination was appropriate.

EMSA #85 NHTSA #46

Data Element Name:	Lights/Sirens from Scene
Data Element Group:	PCR- Transport Data
Definition:	Identifies the use of lights and/or sirens during transport from the incident scene to the destination.
Type & Maximum Size:	Alphanumeric
Code Set:	No lights and sirens (Code 2) Lights and sirens (Code 3) Upgrade (from Code 2 to Code 3) Downgrade (from Code 3 to Code 2)

Content: The code that identifies the use of lights and/or sirens during transport from the incident scene to the destination.

Discussion: This field provides the data to determine the frequency with which EMS vehicles are using lights and/or sirens during transport from the EMS incident scene to the destination.

EMSA #86 NHTSA #16

Data Element Name:	Scene Departure Time
Data Element Group:	PCR- Transport Data
Definition:	Time the EMS response unit began moving away from the incident scene.
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that the EMS response unit started moving from the scene to its destination (i.e., 'wheels rolling' to the hospital or transfer point). Midnight is '000000' and begins the day.

Discussion: This time should be obtained from Computer Aided Dispatch (CAD) data, if possible. Although an observed time from PCR Data is acceptable for this field, if any 'upstream times' in the EMS response were determined using GPS universal time, this field also should be determined using GPS coordinated universal time.

The field is needed to calculate scene time (i.e., by subtracting the Scene Arrival Time from the Scene Departure Time).

EMSA #87 NHTSA #17

Data Element Name:	Destination Arrival Time
Data Element Group:	PCR- Transport Data
Definition:	Time the EMS response unit stopped moving at its destination (i.e., at the hospital or transfer point).
Type & Maximum Size:	Time; HHMMSS
Code Set:	HH: 00 – 23; MM: 00 – 59; SS: 00 – 59

Content: The hour, minute, and second that the EMS response unit stopped moving at its destination (i.e., 'wheels stopped rolling' at the hospital or transfer point). Midnight is '000000' and begins the day.

Discussion: This time should be obtained from Computer Aided Dispatch (CAD) data, if possible. However, it is acceptable to use an observed time from PCR Data for this field.

Permits calculation of the time period from scene departure to destination arrival for the response unit.

This field is necessary (with the Time Response Unit was Mobile) to calculate the *Utstein Ambulance Clock.*

The field is needed to calculate the scene departure to hospital arrival time interval (i.e., by subtracting the Scene Departure Time from the Destination Arrival Time).

EMSA #88 NHTSA #87

Data Element Name:	Destination Cardiac Rhythm
Data Element Group:	PCR- Transport Data
Definition:	Final monitored cardiac rhythm (i.e., EKG code) as determined by EMS personnel.
Type & Maximum Size:	Alphanumeric
Code Set:	Sinus Rhythm Bradycardia Narrow Complex Tachycardia Wide Complex Tachycardia Ventricular Tachycardia Atrial Fibrillation/Flutter 1st Degree Heart Block 2nd Degree Heart Block 3rd Degree Heart Block Paced rhythm Pulseless Electrical Activity Idioventricular Rhythm Asystole Ventricular Fibrillation Other rhythm . 100 (not otherwise listed) Unknown Premature Ventricular Contractions Premature Atrial Contractions

Content: This field contains the code(s) for the patient's final cardiac rhythm that was monitored by EMS personnel.

NOTE: Where PVC and/or PAC are observed in addition to the primary rhythm, the code for the primary rhythm occurs first, and 'PVC' and/or 'PAC' follow(s) the primary code.

Discussion: The initial monitored rhythm is used to assess the survival rate after certain rhythms.

EMSA #89 no NHTSA #

Data Element Name:	Special Studies #1
Data Element Group:	PCR – Special Studies Data
Definition:	This unformatted (i.e., free-text) field will be used as needed for special studies.
Type & Maximum Size:	Text
Code Set:	none

Content: Free text used as decided in each LEMSA for variable time periods.

Discussion: This field is used at the discretion of each LEMSA for collecting data, as needed, for special studies.

EMSA #90 no NHTSA #

Data Element Name:	Special Studies #2
Data Element Group:	PCR – Special Studies Data
Definition:	This unformatted (i.e., free-text) field will be used as needed for special studies.
Type & Maximum Size:	Text
Code Set:	none

Content: Free text used as decided in each LEMSA for variable time periods.

Discussion: This field is used at the discretion of each LEMSA for collecting data, as needed, for special studies.

EMSA #91 no NHTSA #

Data Element Name:	Special Studies #3
Data Element Group:	PCR – Special Studies Data
Definition:	This unformatted (i.e., free-text) field will be used as needed for special studies.
Type & Maximum Size:	Text
Code Set:	none

Content: Free text used as decided in each LEMSA for variable time periods.

Discussion: This field is used at the discretion of each LEMSA for collecting data, as needed, for special studies.

EMSA #92 NHTSA #64

Data Element Name:	Return of Spontaneous Circulation on Arrival at Hospital
Data Element Group:	PCR-Treatment Data
Definition:	Spontaneous cardiovascular circulation exists at the time of arrival at receiving facility.
Structure:	One per PCR
Type & Maximum Size:	Alphanumeric
Code Set:	Yes No

Content:

Discussion: